

**REQUEST FOR TRANSFER OF ANNUITY CONTRIBUTIONS**

TO THE BOARD OF TRUSTEES:

\_\_\_\_\_  
Name of Away Fund

\_\_\_\_\_  
Address of Fund

Local(s) I worked out of \_\_\_\_\_

I hereby request that you transfer to my home fund any and all ANNUITY contributions made on my behalf to your fund during the calendar year of \_\_\_\_\_. I worked for the following employers:

	EMPLOYER NAME	JOB LOCATION	MONTHS EMPLOYED	HOURS WORKED
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I understand that if this request is approved and the funds are transferred, I shall no longer have any claim on your fund to my benefits or to the benefits of my survivors or beneficiaries based on these contributions and that my eligibility for any benefits based on these contributions shall be determined solely in accordance with the provisions of the Annuity Plan established by my home fund.

In the transfer of such contributions to my Home Fund, in accordance with this request, I hereby release you or your successors from any future claims based upon such contributions which might have arisen had this transfer not been effected.

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Local \_\_\_\_\_

HOME FUND \_\_\_\_\_

HOME FUND ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Return this form for forwarding to:

Tri-State Carpenters and Joiners Pension Trust Fund  
P.O. Box 1208, Hixson, TN, 37343  
Phone 1-800-572-7358  
Fax 423-847-0386