

REQUEST FOR TRANSFER OF HEALTH & WELFARE-PENSION-ANNUITY CONTRIBUTIONS

TO THE BOARD OF TRUSTEES OF THE FRINGE BENEFIT FUND(S) OF THE FOLLOWING LOCALS:

Local(s) I worked out of _____

I hereby request that you transfer to my home fund any and all contributions made on my behalf to your fund. 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 Fringe Benefits 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 # **303**

DATE _____ SIGNATURE _____

MY HOME FUNDS:

TRI-STATE CARPENTERS AND JOINERS HEALTH AND WELFARE FUND PO BOX 1208 HIXSON, TN 37343 PHONE: 1-800-572-7358 OR 423-847-1394 FAX: 423-847-0386	CARPENTERS LABOR MANAGEMENT PENSION FUND C/O ZENITH ADMINISTRATORS, INC 1300 S. MERIDIAN, SUITE 200 OKLAHOMA CITY, OK 73108 PHONE: 1-800-344-0144 OR 405-682-2323 FAX: 405-682-2651
LOUISIANA CARPENTERS REGIONAL COUNCIL SUPPLEMENTAL RETIREMENT FUND 8875 GREENWELL SPRINGS RD BATON ROUGE, LA 70814 PHONE: 1-888-922-3002 OR 225-927-6068 FAX: 225-297-9704	

*****RETURN THIS FORM FOR FORWARDING FOR ALL FUNDS TO TRI-STATE CARPENTERS*****