

# 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 # \_\_\_\_\_

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

## MY HOME FUND:

<p><b>TRI-STATE CARPENTERS AND JOINERS FRINGE BENEFITS</b> PO BOX 1208 HIXSON, TN 37343</p> <p><b>PHONE: 1-800-572-7358 OR 423-847-1394</b> <b>FAX: 423-847-0386</b></p>
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**\*\*\*RETURN THIS FORM FOR FORWARDING TO TRI-STATE CARPENTERS\*\*\***