

REQUEST FOR TRANSFER OF PENSION 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 Pension 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 Pension 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