



North Atlantic States Carpenters
Benefit Funds

Fishkill Office
10 Corporate Park Dr. Ste B
Hopewell Junction, NY 12533
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Toll Free: 1(877) 372-3236
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www.carpentersfund.org

AUTHORIZATION FOR THE TRANSFER OF CONTRIBUTIONS
WELFARE, PENSION AND ANNUITY FUNDS

This form is for use by members of the North Atlantic States Carpenters who have worked outside of the territory jurisdictionally covered by the North Atlantic States Regional Council of Carpenters. Listed below are some of the areas where reciprocal agreements are in effect for the transfer of benefits. Please check any/all of the areas where you worked.

Please complete the bottom of this form and return to the North Atlantic States Carpenters at the office listed above. Upon receipt of this completed form, we will forward a copy to the designated Funds Offices.

- _____ New York Regional Council of Carpenters
- _____ New Jersey Carpenters (NERCC-NJ)
- _____ Connecticut Carpenters/New England Carpenters (North Atlantic States Carpenters)
- _____ Other _____

I am a member of **Local Union** _____ of the United Brotherhood of Carpenters & Joiners of America and normally work under the Collective Bargaining Agreement of the Northeast Carpenters Welfare, Pension, and Annuity Funds. These are my Home Fund(s). I have worked in the above named areas, during which time the fringe benefits that I earned were remitted to the Fund(s) which I have designated herein as "Outside Funds(s)." I request that the benefits I earned while working in the above area are transferred to my Home Fund expeditiously to the address listed on the top of this form. I understand that no transfer will occur for work prior to the two calendar years in which the Outside Fund receives a copy of this request.

In consideration of the transfer of monies, I hereby waive all rights, credits and claim for benefits that I would have accrued, or would accrue, as a result of my employment in the area. I further recognize that the transfer of fringe benefits to the noted Home Fund(s) may or may not ultimately prove to be to the advantage of myself and /or my beneficiaries.

_____	_____
Print Name	Local Union Number
_____	_____
Address	Date of Birth
_____	_____
City, State, Zip	Social Security Number
_____	_____
Email Address	Date

Signature	