

HEALTH & WELFARE RECIPROCITY

Request and Authorization for Transfer of Contributions

Participant Name (Please Print)

Social Security Number

I request and authorize the Board of Trustees of the Local _____ Health and Welfare Fund to transfer the Health and Welfare Fund contributions made on my behalf to the Fund I have listed below. This authorization will be effective on the date it is received and within six months prior to that date. This authorization will remain in effect until this authorization is revoked in writing. In support of this request, I state as follows:

1. I am a member of IUOE Local No. _____ (Example: Local 181) and my Union Register No. is _____.
2. My Home Health and Welfare Fund is (Example: Pipeline) _____
_____.
3. I understand that, upon approval of my request to transfer, I cannot later request that any contributions which may be transferred to my Home Fund be transferred back to the transferring Fund.
4. I understand that, upon approval of my request to transfer contributions, my (and my dependents') eligibility for benefits and all other participant rights shall be determined exclusively by the terms of my Home Fund's plan and rules, and not by the terms of the transferring Fund's plan and rules.
5. By making this request, I waive and release, on behalf of myself and my Dependents, any and all claims against both Funds and their fiduciaries relating to whether the transfer of contributions is in my or their best interests.

Participant's Signature

Date

Street Address

City, State, Zip

Telephone

IUOE LOCALS 181, 320 & TVA
HEALTH & WELFARE TRUST FUND
PO BOX 1179
HENDERSON, KY 42419
TEL: 270-826-6750
FAX: 270-826-6770
E-MAIL: LINDA.EBLEN@IUOE181HW.ORG OR
MARY.RANDOLPH@IUOE181HW.ORG



Central Pension Fund of the International Union
Of Operating Engineers and Participating Employers
4115 Chesapeake Street, N.W. Washington DC 20016
Tel: (202) 362-1000 Fax: (202) 364-2913

MONEY FOLLOWS MAN RECIPROCITY

TO: Board of Trustees
Central Pension Fund of the International Union of
Operating Engineers and Participating Employers
4115 Chesapeake St., NW
Washington, DC 20016

Re: Request for Transfer of Contributions to Home Local Pension Fund

Participant Name

Social Security Number

The above-referenced participant hereby requests and authorizes the Board of Trustees to transfer to my Home Local Pension Fund all eligible contributions made on my behalf to the Central Pension Fund, as of the date this request is received by the Board, and in the future, unless this authorization is revoked in writing. In support of this request, I hereby state as follows:

1. I am a member of IUOE Local No. _____, AFL-CIO and my Union Register No. is _____.
2. My Home Local Pension Fund is _____.
3. I understand that the benefits to which I may be entitled under my Home Local Pension Fund, if my request to transfer is approved, may be less than what I would be entitled to receive if the contributions made on my behalf to the Central Pension Fund remain at the Central Pension Fund.
4. I understand that I have a right to request an estimate of the value of the accrued benefit I have earned with the Central Pension Fund as of this date, before the Board acts upon my request to transfer.

PLEASE CHECK APPROPRIATE BOX

- I do not want an estimate before the Board acts upon my request.
- I hereby request an estimate before the Board acts upon my request.
5. I understand that if the Board grants my request, in whole or in part, I cannot later request that any contributions which may be transferred to my Home Local Pension Fund be transferred back to the Central Pension Fund.
6. I acknowledge that I have received and reviewed a copy of the Central Pension Fund's Policies and Procedures for Administering Money Follows the Man Reciprocity. I further acknowledge that I have had at least 30 days to review same and ask any questions I may have before the Board acts upon the transfer request.

7. I acknowledge and agree that if the Board grants my request and transfers contributions to my Home Local Pension Fund, such decision by the Board is final and binding. I waive on my behalf, and my heirs, successors and assigns, any right to receive any accrued benefit from the Central Pension Fund, based upon the contributions and hours of service transferred to my Home Local Pension Fund pursuant to this request.

8. I understand that my Home Local Pension Fund may have imposed time limits upon transferring or accepting contributions under Money Follows the Man Reciprocity and the Central Pension Fund shall not be liable in the event my Home Local Pension Fund rejects my transfer request on the basis of its time limits.

Participant's Signature

Street Address

City, State Zip

Subscribed and sworn to before me this _____ day of _____,
_____.

Notary Public