

REQUEST FOR TRANSFER OF HEALTH & WELFARE CONTRIBUTIONS

MAIL THIS FORM TO:

TO: BOARD OF TRUSTEES
Wilson McShane Heartland Healthcare
3001 Metro Dr, Ste 500
Bloomington, MN 55425
PH: 800-535-6373 ~ FAX: 952-851-3569

Pursuant to the provisions of the Reciprocity Agreement between your Fund and my Home Fund, **(check one below)**

Indiana Kentucky Carpenters Health & Welfare Fund, PO Box 969, Troy, MI 48099

I hereby request that you transfer to my Home Fund the Health & Welfare contributions made in my behalf to your Fund during the calendar year ALL. During said year, I worked for the following employers who made or should have made contributions in my behalf to your Fund:

EMPLOYERS NAME	MONTH(S) EMPLOYED	# HOURS WORKED
ALL	ALL	ALL

I understand that if this request is approved and the transfer made, I shall no longer have any claim on your Fund for said contributions and/or for any benefits which otherwise might accrue under your Fund for any benefits based on said contributions shall be determined solely in accordance with the provisions of the Plan established by my Home Fund.

In consideration of your transferring said contributions in accordance with this request, I hereby release you and your successors from any future claims, by me and/or anyone claiming through me, based upon said contributions or benefits which might have arisen had this requested transfer not been effected.

(PLEASE PRINT)

NAME OF APPLICANT:	
ADDRESS:	
LOCAL UNION #: 1076	SOCIAL SECURITY NO.:
DATE:	SIGNATURE:

REQUEST FOR TRANSFER OF PENSION CONTRIBUTIONS

MAIL THIS FORM TO:

TO: BOARD OF TRUSTEES

Carpenters Pension Fund of Illinois

c/o Wilson McShane Corp

1431 Opus Place, Ste 350

Downers Grove, IL 60515

PH: 800-448-5825 ~ FAX: 630-232-0741

Pursuant to the provisions of the Reciprocity Agreement between your Fund and my Home Fund, **(check one below)**

- Indiana Carpenters Pension Fund**, PO Box 969, Troy, MI 48099
- Indiana State Council of Carpenters Pension Fund**, PO Box 969, Troy, MI 48099
- Indiana Kentucky Ohio Regional Council of Carpenters Pension Fund**, PO Box 969, Troy, MI 48099

I hereby request that you transfer to my Home Fund the Pension contributions made in my behalf to your Fund during the calendar year ALL. During said year, I worked for the following employers who made or should have made contributions in my behalf to your Fund:

EMPLOYERS NAME	MONTH(S) EMPLOYED	# HOURS WORKED
ALL	ALL	ALL

I understand that if this request is approved and the transfer made, I shall no longer have any claim on your Fund for said contributions and/or for any benefits which otherwise might accrue under your Fund to my benefit or my survivors or beneficiaries based upon said contributions and that my eligibility for any benefits based on said contributions shall be determined solely in accordance with the provisions of the Pension Plan established by my Home Fund.

In consideration of your transferring said pension contributions in accordance with this request, I hereby release you and your successors from any future claims, by me and/or anyone claiming through me, based upon said contributions or benefits which might have arisen had this requested transfer not been effected or based on the fact that the transfer may not prove to work to my eventual advantage.

(PLEASE PRINT)

NAME OF APPLICANT:	
ADDRESS:	
LOCAL UNION #: 1076	SOCIAL SECURITY NO.:
DATE:	SIGNATURE:

REQUEST FOR TRANSFER OF ANNUITY CONTRIBUTIONS

MAIL THIS FORM TO:

TO: BOARD OF TRUSTEES

TIC International Construction Industry Retirement Fund

Attn: Susan

6525 Centurion Dr

Lansing, MI 48917

PH: 866-266-9866 ~ FAX: 517-321-7508

NOTE TO MEMBERS COMPLETING TRANSFER FORMS

ONLY Journeyman
Receive Annuity Contributions
Apprentices are NOT ELIGIBLE for Annuity
and do not need to submit this form

Pursuant to the provisions of the Reciprocity Agreement between your Fund and my Home Fund, *(check one below)*

Indiana Kentucky Ohio Defined Contribution Pension Trust Fund (Annuity),
PO Box 969, Troy, MI 48099

I hereby request that you transfer to my Home Fund the Annuity contributions made in my behalf to your Fund during the calendar year ALL. During said year, I worked for the following employers who made or should have made contributions in my behalf to your Fund:

EMPLOYERS NAME	MONTH(S) EMPLOYED	# HOURS WORKED
ALL	ALL	ALL

I understand that if this request is approved and the transfer made, I shall no longer have any claim on your Fund for said contributions and/or for any benefits which otherwise might accrue under your Fund to my benefit of my survivors or beneficiaries based upon said contributions and that my eligibility for any benefits based on said contributions shall be determined solely in accordance with the provisions of the Annuity Plan established by my Home Fund.

In consideration of your transferring said pension contributions in accordance with this request, I hereby release you and your successors from any future claims, by me and/or anyone claiming through me, based upon said contributions or benefits which might have arisen had this requested transfer not been effected or based on the fact that the transfer may not prove to work to my eventual advantage.

(PLEASE PRINT)

NAME OF APPLICANT:	
ADDRESS:	
LOCAL UNION #: 1076	SOCIAL SECURITY NO.:
DATE:	SIGNATURE:

VACATION/SAVINGS INFORMATION

IH MISSISSIPPI VALLEY CREDIT UNION

TO WITHDRAW MONEY FROM YOUR VACATION/SAVINGS

MAIL THE FOLLOWING TO THE ADDRESS BELOW:

- APPLICATION FOR MEMBERSHIP FORM
- WITHDRAWAL FORM (at bottom of this page)
- COPIES OF 2 FORMS OF IDENTIFICATION (driver's license or photo ID and social security card)

IH Mississippi Valley Credit Union
 ATTN: Direct Deposit Department
 P O Box 1010
 Moline, IL 61266-1010

You must have an Application for Membership card for the IHMVCU on file at this Credit Union, otherwise you must appear in person at one of the branches of the IHMVCU (addresses of branches on back) or call Millwright L U 2158 at 563-332-2158 and request that a membership card & withdrawal form is sent to you.

TO CLOSE YOUR VACATION/SAVINGS ACCOUNT

1. Wait at least 2 months from when you last worked in this area to ensure that all monies have been received by IHMVCU. If money is received by the IHMVCU after you have closed your account, the old account will be reopened and a new membership card must be completed before any withdrawals of deposits.
2. As long as IHMVCU has your membership card on file you can do one of the following:
 - a) Go to one of their Branches to close your account
 - b) Call the Credit Union at (800) 722-0333 Ext. 89540 or (309) 793-6200 Ext. 89540
 - c) Mail the completed form at the bottom of this page along with copies of 2 forms of identification.
3. You must keep \$5.00 in your account to keep your account open.
4. If there is no activity in your account for one year and you have a balance of less than \$100.00, a service
5. charge of \$3.00 per month will be deducted from your account.
6. IHMVCU will mail statements quarterly or monthly depending on services provided

VACATION/SAVINGS WITHDRAWAL FORM

IH MISSISSIPPI VALLEY CREDIT UNION
 ATTN: DIRECT DEPOSIT DEPARTMENT
 P O BOX 1010
 MOLINE, IL 61266-1010

[] I would like to withdraw \$ _____ from my vacation/savings account to be sent to the address below.

[] due to the fact that I will not be working in Millwright L U 2158's Jurisdiction, and all my contributions have been received by the credit union, I wish to close my account. Please forward the balance of my account to the address below.

 Name (Print)

 Signature

 Address

 Social Security Number

 City, State and Zip

****YOU MUST Include copies of 2 FORMS of IDENTIFICATION such as
PHOTO ID & SOCIAL SECURITY CARD****