MINNESOTA LABORERS FRINGE BENEFIT FUNDS

c/o Zenith Administrators, Inc. P.O. Box 124 Minneapolis, Minnesota 55440-0124 (651) 256-1800

TRANSFER AUTHORIZATION

Please Print

Name:	Social Security Number:	
Address:	Phone Number:	
(A) Transfer To Transfer To Home Local Number:		
Located at: City	01-1-	
	State	
(B) Transfer From Working in Jurisdiction of Local Number: _		
Located At: City	State	
	er contributions to the benefits administrator of my home local ements exist, all funds applicable to those agreements will be written request.	
SIGNED	DATE	
For Administrative purposes only:		
Date Authorization Received:		
Work Period Reciprocity is effective:		
Benefit Funds availiable for transfer:		
White – Home Fund Administrator	Yellow – Employee Pink – Jurisdiction	l

Pink - Jurisdiction