

REQUEST FOR TRANSFER OF PENSION FUND CONTRIBUTIONS

BUILDING TRADES UNITED PENSION TRUST FUND MILWAUKEE & VICINITY

P.O. BOX 530 - 500 Elm Grove Road, Room 300 - Elm Grove, Wisconsin

53122-0530

(262) 784-7880 or (800) 433-8570

FAX (262) 784-8598

The Following Six Sections Must Be Completed:

1. To: Name of the Transferring Fund

As provided in the Reciprocity Agreement between your Pension Fund and my Home Fund, I am requesting you to transfer to my Home Fund all Pension Fund contributions received by you in my behalf.

I understand that if I have become a Participant in the Transferring Fund, ONLY contributions received in my behalf **after** the date you receive the appropriate *Transfer Request Form* may be transferred to my Home Fund. If I am not a Participant in the Transferring Fund, ALL contributions received by the Transferring Fund in my behalf may be transferred to my Home Fund upon receipt of the appropriate *Transfer Request Form*. **NOTE:** In Building Trades United Pension Trust Fund, Participation occurs on the June 1 or December 1 after performing 750 hours of work under a written agreement which requires contributions to Building Trades United Pension Trust Fund.

If this request is approved, I, my dependents, survivors and beneficiaries will no longer have any claim against you for the contributions transferred or for any benefits which may have been payable in my behalf. My eligibility for any benefits based on these contributions will be determined by the Plan provisions of my Home Fund.

These instructions will continue in effect until I direct you, in writing, to cease transferring contributions to my Home Fund. I understand you may require annual verification of this request.

2. I declare that I am (Complete one)

not legally married at this time.

unable to locate my spouse.

legally married at this time

(if so, spouse must complete the consent statement, below, for this request to be honored).

I understand you may require annual verification of my marital status. I also understand I must notify you of any change to my marital status.

3. Spousal Consent Statement (To be completed if married)

As the legal spouse of the Applicant, I hereby consent to the Applicant's request for transfer of contributions and acknowledge that I have no claim against you for the contributions transferred or for any benefits which may have been payable to me.

Signature of Spouse _____ Date _____

(Please See Reverse Side)

4. Please check one of the following paragraphs

- I certify that there is no judgment, decree or order (such as a divorce decree), either current or pending, which recognizes an alternate payee's right to receive all or a portion of benefits payable to me under this Plan. I agree to indemnify the Plan for any payments the Plan makes under such current or future judgment, decree or order, and which exceed the benefits to which I am otherwise entitled.
- I certify that there is a judgment, decree or order (such as pursuant to a divorce proceeding), which recognizes the existence of an alternate payee's right to receive all or a portion of benefits payable to me under this Plan; or there is a pending order having the same effect. A copy of the order is attached.

5. Please Print

Applicant's Name _____

Present Address _____

Social Security # _____

Applicant's Home Fund _____

Applicant's Local Union # _____

Employers worked for in jurisdiction of Transferring Fund

6. Certification

I hereby certify that all of the information furnished by me is true, complete, and correct to the best of my knowledge and belief.

Signature of Applicant _____ Date _____