4633 LIUNA WAY, SUITE 201 DEFOREST, WI 53532-2510 TELEPHONE: 608-846-1742 TOLL FREE: 800-397-3373

RECIPROCITY TRANSFER REQUEST AND CONSENT FORM

ı,, am	n a member of Local Union #	, which partic	ipates in the:	
(Print Name)	,			
Name of Fund			_	
Address of Fund			-	
(herein after referred to as my "Home Fund".) I und my Home Fund and the Wisconsin Laborers' Pension Pension Fund for work performed by me while work I hereby authorize and request the transfer of all em Laborers' Pension Fund to my Home Fund pursuant to request is to apply to the contributions made in my leffective and to Pension Fund by any other employers for whom I may	n Fund covering contributions in Fund covering contributions are in ployer contributions made in reto the terms of the reciprocity behalf to the Wisconsin Labore o contributions made on my be	made to the Wiscone covered by it. my behalf from the agreement. This autrs' Pension Fund be thalf to the Wiscon	nsin Laborers' Wisconsin uthorization and eginning sin Laborers'	
I hereby release any fiduciaries and all others involve which they might incur by reason of any loss or dam of or as a result of said transfer. I specifically unders not work to my best advantage. This authorization and request shall remain in full fo	ed in or connected with said tra ages resulting to me or my suc stand that the transfer of contr	ansfer from any and cessors, heirs or ass ibutions hereby aut	d all liability signs by reason chorized may	
Laborers' Pension Fund, in writing, of my desire to re terminate on the last day of the month in which sucl	evoke it, in which case this auth	norization and requ	est shall	
Name	Social Security Nui	Social Security Number		
Address	City	State	Zip	
Date of Birth	Local Union Numb	Local Union Number		
Phone				
Employee Signature	Date			

WLPF 8/04