

**CONNECTICUT CARPENTERS BENEFIT FUNDS  
10 BROADWAY, HAMDEN, CONNECTICUT 06518**

**RECIPROCIITY REQUEST FORM FOR TRANSFER OF  
HEALTH AND/OR PENSION AND/OR ANNUITY CONTRIBUTIONS**

I normally work under collective bargaining agreements in effect in Connecticut. The New England Carpenters Health Fund, the New England Carpenters Pension Fund, and the Southern New England Carpenters Annuity Fund are my Home Funds from which I expect to be eligible for benefits.

I plan to work outside Connecticut and contributions will be made on that work to other Funds ("Outside Funds") of Unions affiliated with the United Brotherhood of Carpenters and Joiners of America. I request that, whenever possible, contributions received because of my work as a carpenter outside of Connecticut be transferred to my Home Funds:

**NAME OF OUTSIDE FUNDS TO BE NOTIFIED - MUST BE COMPLETED**

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I know that there are strict limits on transferring contributions paid to Outside Funds before I sign this authorization. I intend this authorization to apply retroactively whenever possible.

In consideration of the transfer of monies, I herewith waive all rights, credits and benefits that I or my family or beneficiary might have received as a result of the work I performed outside Connecticut for which contributions were made to the Outside Funds. This authorization shall continue until cancelled by me in writing.

NAME: \_\_\_\_\_

LOCAL UNION #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

**INSTRUCTIONS:** Return everything to the Connecticut Carpenters Benefit Funds. We will forward copies to all of the Outside Funds you list.