

**REQUEST TO RECIPROCATÉ
HEALTH & WELFARE AND PENSION CONTRIBUTIONS WHILE WORKING TEMPORARILY IN THE
JURISDICTION OF THE**

_____ **HEALTH & WELFARE AND PENSION TRUST FUNDS**

CONTRIBUTION TRANSFER AUTHORIZATION FORM – VALID FOR 12 MONTHS

Name _____ S.I.N. _____

Address _____
Street City Province Postal Code

Home Local Area and Local Union No. _____

Home Fund Name _____

Related Employment Area Local Union No. _____

Date First Worked in above "Area" _____
Month Day Year

I hereby authorize the: _____
(Name of Related Fund and Plan)

to determine my Union status with my Home Local to verify that I am a Member in good standing, then, to:

- i) transfer the contributions for Health & Welfare and Pension received by them for hours worked/earned by me to my Home Local Benefit and Pension Trust Funds. I understand that the contributions that will be transferred are for hours I worked/earned including the first month of the current calendar year that I first worked in Area of the Related Funds and Plans. The Current Calendar year is defined in the date on this form to the right of my signature as a Member. I do further release the Related Fund and Plan and agree to hold them harmless, for any and all liability which they might incur by reason of any damage resulting to me or my dependents by reason of such transfer. I further agree that my Home Funds and Plans are not responsible or liable for any matter in the event the Related Fund and Plan does not transfer the Contributions as contemplated, and
- ii) I allow the release any necessary personal or personal employee information to effect this authorization and related transfers.

I acknowledge that this authorization constitutes a waiver of all rights to Benefits in the Related Fund and Plan and remains in effect for 12 months.

Member's Signature

Date (Current Calendar Year Indicator)

I hereby certify that the Member named above has registered for work in an Area covered by the Related Funds and Plans. In accordance with the direction of the above Member, all Contributions received by the Related Fund and Plan for all hours worked by him/her are to be transferred to _____ Benefit and Pension Trust Funds and Plans accordingly.

Date: _____

By: _____
(Business Agent or authorized designate – print name and provide signature)

Copy to: Home Local Union and Home Local Administration Office

Notes:

Fees and Expenses

At no time shall the Related Funds and Plans charge any fees or any expenses to the Home Funds and Plans including fees and expenses of collection, administration or accounting, or any other fees or expenses which it may incur as a result of this Reciprocal Agreement.

Transfer Notices

Any notice given under this Agreement shall be in writing and shall be sufficiently given if personally delivered to the party to whom it is addressed, or if mailed, by prepaid registered mail, delivered or addressed as follows:

(A) if to the Iron Workers Local 764 Trustees, at:
c/o Manion, Wilkins & Associates Ltd.
21 Four Seasons Place – Suite 500
Toronto, ON
M9B 0A5

(B) if to the Second Party _____

_____ Trustees, at:

or at such other address as the party to whom such notice is to be given shall have last notified the party giving same in the manner provided in this Article.

Situs

This Agreement shall be governed by the Laws of the Province of Newfoundland and/or the Province of the Second Party.