New York City District Council of Carpenters Benefit Funds 395 Hudson Street New York, NY 10014

Telephone: (212) 366-7300, Fax: (212) 366-7432

Benefits Opt-In Form

I am a member of an Outside Jurisdiction Local and at this time I would like to keep all or a portion of my Benefits in the New York City District Council of Carpenters Benefit Funds.

I understand that in doing so, I will not at a later time be able to transfer these Benefits back to my Home Fund while this form was in effect. This form can only be canceled by signing a new Reciprocal Waiver form from my Home Fund. Benefit Funds from that day forward would be transferrable.

Please indicate which funds you would like to remain in the New York City Carpenters Fund.

(Please check all that apply)

Welfare	Pension	Annuity All	
 Name		Social Security/UBC #	
Address		Home Local	
		Date Transferred	
		Date of Birth	
Signature		_ Date	