New York District Council of Carpenters Benefit Funds
395 Hudson Street
New York, NY 10014
Telephone: (212) 366-7300, Fax: (212) 366-7432

REQUEST FORM FOR TRANSFER OF WELFARE, PENSION & ANNUITY CONTRIBUTIONS

This form is to be used by members of the New York District Council of Carpenters who have worked outside of the territory jurisdictionally covered by the New York District Council of Carpenters.

Listed below are some of the areas where reciprocal agreements are in effect for the transfer of benefits. Please put a check mark next to any/all of the areas worked. If you do not see an area, please fill in the Benefit Fund information for that District.

Please complete the bottom portion of this form and return to office listed above. Upon receipt of this completed form, we will forward a copy to the designated Funds Offices.

NAME OF OUTSIDE FUNDS TO BE NOTIFIED

_____ North Atlantic Carpenters Benefit Funds (L.I., Westchester, Upstate)

_____ Eastern Atlantic Carpenters Benefit Funds (New Jersey & Philadelphia)

_____ North Atlantic Carpenters Benefit Funds (New England)

_____ North Atlantic Carpenters Benefit Funds (Connecticut)

_____ Other Benefit _____

_____

_____

No transfer will occur for work prior to one calendar year in which the Outside Fund receives a copy of this request. In consideration of the transfer of monies, I herewith waive all rights, credits and benefits that I might have accrued because of the work I performed in the Outside Areas for which contributions were made to the Outside Funds. This authorization shall continue until cancelled by me in writing.

_____ _____
Name Social Security

_____ _____
Address UBC #

_____ _____
Local #

_____ _____
Signature Date