

THE ELECTRICAL INDUSTRY PENSION RECIPROCAL AGREEMENT

Employee Reciprocal Authorization and Release

TO: The participating defined benefit pension fund receiving contributions for work performed in the jurisdiction of IBEW Local Union _____, located at _____

TO: The participating defined contribution pension fund receiving contributions for work in the jurisdiction of IBEW Local Union _____, located at _____

In order to receive pension-related credits in my home pension fund(s) while working outside its jurisdiction, I hereby authorize the above-identified pension fund(s) to receive all contributions for my hours worked within the area covered by the fund(s) and to transfer such hours and an equivalent amount of money to my home fund(s). I also authorize my home fund(s) to accept and apply these transferred hours and monies pursuant to its rules, including any rules which take into consideration any difference in contribution rates between the transferring and home fund(s).

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of my dependents or assigns to any benefits from the above-identified pension fund(s) and release the fund(s) and its trustees from any and all liability.

The effective date of this authorization shall be the first of the month in which this authorization is signed and received by either the administrator of the above-referenced pension fund(s) or the designated representative of the fund(s).

This authorization is voluntarily given by me and at my instance, and shall remain in full force and effect until I have not worked in the area covered by this pension fund(s) for a period of one year or until the last day of the month in which my written request to cancel this authorization is received by the administrator of this pension fund(s).

All of the following information must be completed.

SIGNATURE _____ DATE _____
(month/day/year)

NAME (print) _____ HOME PHONE _____
(Area Code-Number)

HOME ADDRESS _____
(street) (city) (state) (zip)

SOCIAL SECURITY NUMBER _____ MEMBER OF LOCAL UNION _____
(home local)

SOCIAL INSURANCE NUMBER _____

DATE OF BIRTH _____

HOME FUND (Defined Benefit) NAME _____

HOME FUND (Defined Benefit) LOCATION _____ JURISDICTION _____
(city) (state) (inside/outside)

HOME FUND (Defined Contribution) NAME _____

HOME FUND (Defined Contribution) LOCATION _____ JURISDICTION _____
(city) (state) (inside/outside)

* Your home fund(s) is a pension fund signatory to this reciprocal agreement which is: (A) the pension fund(s) covering the IBEW local union to which you belong if you are a participant or have credited service in the fund(s); or (B) if (A) is not applicable, the pension fund(s) in which you are currently a participant or have credited service.

(NOTE: If you have no home fund or if you are a participant or have credited service in the pension fund(s) covering the IBEW local union to which you belong and that fund(s) does not participate in the reciprocity agreement, you cannot have funds transferred pursuant to this reciprocal agreement.)

RECEIVED BY: _____ DATE _____
(month/day/year)

FORWARD FORM TO PROPER PLAN ADMINISTRATOR IMMEDIATELY AFTER SIGNING