

**BRIDGE, STRUCTURAL, ORNAMENTAL AND REINFORCING IRONWORKERS LOCAL 207**  
**Pension and Annuity Funds**

694 Bev Road, Suite A • Boardman, Ohio 44512 • Phone (330) 726-3745 • Fax (330) 726-3893

**Reciprocity Information, Option and Authorization Form**  
(Please print all information clearly)

Name \_\_\_\_\_  
Last First Middle Initial

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
and/or Cell Phone # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Local Union # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Membership # \_\_\_\_\_

**Pension, Annuity and Health & Welfare Reciprocal Agreements**  
**Authorization to Transfer Contributions**

I hereby elect, to the extent the Trustees of the Iron Workers Local #207 Pension & Annuity Funds and the Trustees of the Mahoning & Trumbull County Building Trades Insurance Fund and the Trustees of my Home Pension & Annuity Funds & Home Health & Welfare Fund have executed agreements between them permitting the transfer of contributions, to have the Pension, Annuity and Health & Welfare Funds contributions paid on my behalf to the Iron Workers Local #207 Pension & Annuity Funds and the Mahoning & Trumbull County Building Trades Insurance Fund remitted back to my Home Pension, Annuity and Health & Welfare Funds.

**Elect**  **Do Not Elect** to have my **Pension** Contributions remitted to my Home Fund

**Elect**  **Do Not Elect** to have my **Annuity** Contributions remitted to my Home Fund

**Elect**  **Do Not Elect** to have my **Health & Welfare** Contributions remitted to my Home Fund

**By Election above you agree that any and all contributions eligible for transfer will be sent to your Home Fund.**

I hereby release (on behalf of myself as well as on behalf of any one claiming through me) and further discharge the Iron Workers Local #207 Pension & Annuity Funds and the Mahoning & Trumbull County Building Trades Insurance Fund and its Trustees of and from all claims, demands, actions, causes of actions or suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me had I not authorized this transfer of contributions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date