

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

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