

DISCONTINUE RECIPROCITY TRANSFER REQUEST

l,	, am a member of(Trade/Craf	Local Union #	, which	
participates in the:	(Trade/Craf	t)		
Home Pension Fund Name:				
Address of Home Fund:				
I hereby request that the Bu	ilding Trades United Pension Trus	t Fund – Milwaukee and Vicinit	y, discontinue	
transferring my pension contr	ibutions to Local Number	effective	·	
Name (Print) Social Security		curity Number		
Address	City	State	Zip	
Date of Birth	Phone N	Phone Number		
Employee Signature	Date			