

## RECIPROCITY TRANSFER REQUEST AND CONSENT FORM

I,	_, am a member of		Local Union #	, which
participates in the:		(Trade/Craft)		
Home Pension Fund Name:				
Address of Home Fund:				
(herein after referred to as "Ho my Home Fund and the Buildir contributions made to the BTUF by it.	ng Trades United Pens	sion Trust Fund	l – Milwaukee & Vicinit	y (BTUPTF) covering
I hereby authorize and request to the termine Fund pursuant to the termine the BTUPTF, only contribution be transferred to my Home Fundon my behalf after the form is re	ms of the reciprocity a ns received on my be d. If I am not a Particip	ngreement. I ur half after the dopant in the BTUI	nderstand that if I have bate this form is received PTF, all contributions rec	pecome a Participant I and approved, may reived by the BTUPTF
I hereby release any fiduciaries which they might incur by reas reason of or as a result of sa authorized may not work to my	on of any loss or damid transfer. I specifica	nages resulting	to me or my successors	s, heirs or assigns by
This authorization and request writing, of my desire to revoke the month in which such notice	it, in which case this a	authorization ar	· ·	
Name		Social Security Number		
Address		City	State	Zip
Date of Birth		Phone Num	ber	
Employee Signature		Date		
 Fmplover		Employer Phone Number		