

IOWA LABORERS' HEALTH AND WELFARE AND/OR PENSION PLANS

NAME: _____ SOCIAL SECURITY NO.: XXX-XX-_____

HOME ADDRESS: _____

Local Union Number: _____ Phone Number: _____

I hereby ____elect____do not elect, to the extent that the Trustees of these above-noted Cooperating Fund(s) and the Trustees of my Home Pension and/or Welfare Funds (as noted below) have executed agreements between them permitting the transfer of contributions, to have Pension and Welfare contributions paid on my behalf to the above noted Funds remitted to my Home Pension and/or Welfare Fund(s) as now stated by me.

HOME PENSION FUND NAME: _____

ADDRESS: _____

Phone Number: _____

HOME WELFARE FUND NAME: _____

ADDRESS: _____

Phone Number: _____

I understand that the Cooperating Fund(s) will act solely as the agent of the noted Home Fund(s) and as such, I shall be subject to the eligibility rules of said Home Fund(s) upon the transfer of contributions. I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Cooperating Fund(s) and their 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. I further recognize that the transfer of contributions to the noted Home Funds may or may not ultimately prove to be to the advantage of myself and/or my beneficiaries.

SIGNATURE: _____

DATE: _____