AUTHORIZATION TO TRANSFER RETIREMENT PLAN
(ANNUITY) CONTRIBUTIONS

Ohio and Vicinity Regional Council of Carpenters-Southwest Retirement Plan

Introduction

The Ohio and Vicinity Regional Council of Carpenters-Southwest Retirement Plan participates in the UBC Master Reciprocal Agreement for Annuity Funds. If your home local union has negotiated a defined contribution (annuity) plan, if your home local defined contributions made for you to the Ohio and Vicinity Regional Council of Carpenters-Southwest Retirement Plan reciprocated to your home local defined contribution plan, you should complete this authorization form.

Name:_____ Social Security No:_____

Home Address:_____

_____Local Union #_____ Home Telephone No.:_____

Authorization

If my home local defined contribution (annuity) plan participated in the UBC Master Reciprocal Agreement for Annuity Funds, I hereby authorize the Trustees of the Ohio and Vicinity Regional Council of Carpenters - Southwest Retirement Plan to transfer contributions made on my behalf to the Retirement Plan to my home local defined contributions (annuity) plan in accordance with the terms of the UBC master Reciprocal Agreement for Annuity Plans. This authorization will remain in effect until I notify the Trustees of the Ohio and Vicinity Regional Council of Carpenters - Southwest Retirement Plan in writing that I no longer wish to have contributions reciprocated to my home local define contribution's plan. **I understand that no reciprocity transfers will be made to my home local defined contribution plan if my home local defined contribution plan does not participate in the UBC Master Reciprocal Agreement for Annuity Funds.**

I understand that the Ohio and Vicinity Regional Council of Carpenters - Southwest Retirement Plan will act solely as a collection agent for my home local defined contribution plan and that, as such, I will be subject to the eligibility and vesting rules of my home local defined contribution plan upon the transfer of contributions.

I hereby release (on my behalf as well as on behalf of anyone claiming through me) and discharge the Ohio and Vicinity Regional Council of Carpenters - Southwest Retirement Plan and its Trustees of and from all claims, demands, actions, causes of actions or suits with respect to any contributions transferred as a result of this authorization this transfer of contributions. I also understand that the transfer of contributions to my home local defined contribution's plan may or may not ultimately prove to be the advantage of myself and/or my beneficiaries.

_____ _____

DATE CARD SIGNED SIGNATURE (FULL NAME)