

**CALIFORNIA IRONWORKERS FIELD WELFARE PLAN
 CALIFORNIA IRONWORKERS FIELD PENSION TRUST
 CALIFORNIA AND VICINITY FIELD IRON WORKERS ANNUITY FUND**

(800) 527-4613
 131 No El Molino Ave Suite 330
 Pasadena CA 91101

RECIPROCAL AGREEMENT ENROLLMENT FORM

Please print all information

Last Name	First Name	Middle Initial
Home Address	City	State & Zip Code
Social Security No.	Home Phone No.	Home Local No.

I hereby acknowledge that I have received and reviewed the schedules of benefits and regulations of the California Field Ironworkers Welfare Plan, Pension Trust and Annuity Fund and understand that this election may not ultimately be to my advantage. This form must be signed and returned to the Trust Fund office within 90 days from date of commencing work in this plan's jurisdiction.

EFFECTIVE WORK MONTH _____
 WORK MONTH NOT TO EXCEED 90 DAYS FROM DATE OF SIGNATURE

ELECTION (check all that apply)

WELFARE

Home Local	Fund Name
Fund Address	City, State & Zip Code

PENSION

Home Local	Fund Name
Fund Address	City, State & Zip Code

ANNUITY

Home Local	Fund Name
Fund Address	City, State & Zip Code

"In consideration for the agreement to transfer to my Home fund contributions made on my behalf, I hereby release the Funds, and the Trustees of the California Field Ironworkers Trust Funds from any and all obligations, claims, demands, and liability resulting from my request to transfer monies to my Home fund. I further waive any claim or right to any benefits I may have had or asserted under the above Funds."

 Signature (do not print)

 Date

THE TRUST FUND OFFICE WILL RETROACTIVELY TRANSFER HOURS TO YOUR HOME LOCAL/TRUST FUND FOR A PERIOD OF UP TO BUT NOT EXCEEDING 90 DAYS FROM DATE OF SIGNATURE UPON WRITTEN REQUEST. THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL SUCH TIME THAT A SIGNED REQUEST FOR REVOCATION IS RECEIVED BY THE TRUST FUND OFFICE.

Local Union Use Only

Local No.: _____ Member Book No.: _____ Date Sent to Trust Fund Office: _____