

AUTHORIZATION TO TRANSFER FRINGE BENEFIT CONTRIBUTIONS

TO BE FILLED IN BY TRAVELING MEMBER AND GIVEN TO OUTSIDE LOCAL UNION (PLEASE TYPE OR PRINT)

I, _____ SS# _____
Last First Middle

_____ Date of Birth _____
Telephone Number

_____ Address _____ City _____ State _____ Zip _____

a member of U.A. Local # _____ visiting local # _____ hereby authorize, if applicable, transfer to my home local trust contributions for my (check box or boxes):

- Seattle Area Plumbing and Pipefitting Industry Health and Welfare Trust
Mail Employer Billing to: Plumbing and Pipefitting Trust Office
201 Queen Anne Avenue North, Suite 100
Seattle, WA 98109-4896

- Northwest Plumbing and Pipefitting Industry Health, Welfare and Vacation Trust (Local 44 and 26 members)
Mail Employer Billing to: WPAS
P.O. Box 34203
Seattle, WA 98124-1203
Attn: Data Control Department

- Washington State Plumbing and Pipefitting Industries Pension Plan (Defined Benefit Plan)
Plumbing and Pipefitting Trust Office
201 Queen Anne Avenue North, Suite 100
Seattle, WA 98109-4896
U.A. Local 26, 32, 44, 598

- Western Washington U.A. Supplemental Pension Plan (Defined Contribution Plan)
Plumbing and Pipefitting Trust Office
201 Queen Anne Avenue North, Suite 100
Seattle, WA 98109-4896
U.A. Local 26, 32, 44 Only

Name of Home Trust Phone Number

Trust Address: _____
Street Address City State Zip

I agree to release my Home Trust Funds and any visited Trust Funds free and harmless of any and all claims or damages which these Trust Funds might incur as a result of transferring any monies as authorized by me. I agree that if no contributions are made to the National Pension Plan in any visited area, that a portion of the funds received by my Home Pension Fund may be transferred to the National Pension Plan.

Signature of Member

Date

FORM MUST BE COMPLETED – INVALID IF NOT SIGNED

Distribution

White • Home Local

Blue • New Local

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