

Trustees • Charles A. Parker • D.W. "Bud" Daniel, Jr. • Rodney L. Marsh • John M. Farley, II

## TRANSFER AUTHORIZATION REQUEST

Participant Information		
Name:	Social Security Number	
Address:	Union Register Number	
Phone:	Date of Birth	
I am a member of Local Union Numbe	er, working in the jurisdiction of Local Union Number	

## Authorization

This authorizes all Health & Welfare, Pension and Annuity hours and contributions reported by employers upon my behalf to the Local Union's jurisdiction in which they have been earned, to be transferred to my Home Local Union's Funds. Please note, if your Home Local does not have an Annuity Fund, these contributions will remain in the Local 132 Annuity & Savings Fund.

I understand that I may not be entitled to benefits from the transferring Local as a result of the hours and contributions being transferred to my Home Local's Funds.

I understand this Transfer Authorization Request will remain in force until such time as I revoke this authorization in writing.

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Participant's Signature

Date Signed

## **Important Notice for PIPELINE WORK**

If you are working for a PIPELINE employer, please do not complete this form. Contact the following Funds as they require the use of their Transfer Authorization Forms:

- **HEALTH** Contact **IUOE Pipeline Health & Welfare Fund** at (888) 255-3863 to request and complete their transfer authorization form and return for processing.
- **PENSION** Contact **Central Pension Fund** at (202) 362-1000 and request the Money Follows the Man Reciprocity form to be completed and returned to Central Pension Fund.