



P.O. Box 4002 • Eau Claire, WI 54702-4002
715-835-3174 • 800-424-3405 • Fax 715-834-8061 • Claims Fax 715-835-3114

TRANSFERRING PENSION CONTRIBUTIONS

When you work outside the jurisdiction of the North Central States Regional Council of Carpenters' Pension Fund, your Employer may pay required pension contributions to another Fund's defined benefit plan. To make sure the contributions are transferred back to the North Central States Regional Council of Carpenters' Pension Fund, you must complete a Pension Transfer Request Form indicating whether the contributions should be transferred. The transfer form should be completed *prior* to working outside of the jurisdiction of the North Central States Regional Council of Carpenters' Pension Fund.

If you do not become a Participant or do not become vested with the North Central States Regional Council of Carpenters' Pension Fund after having defined benefit contributions transferred, you will not be eligible for a pension benefit.

Participant:

To become a Participant in the North Central States Regional Council of Carpenters' Pension Fund, you must have 750 hours of Employer paid contributions to the North Central States Regional Council of Carpenters' Pension Fund in a period of 12 months from the date of hire; or a Plan Year which starts after the date of hire. A Plan Year begins January 1 and ends December 31.

Service/Vesting Credit:

To earn a year of service/vesting credit with the North Central States Regional Council of Carpenters' Pension Fund, you must have 300 hours of service in a Plan Year where an Employer contributes to this Fund in your behalf. A Plan Year begins January 1 and ends December 31. Five years of continuous service credit is required to be vested.

Please complete the attached Pension Reciprocity Transfer Request Form and return it to:

North Central States Regional Council of
Carpenters' Pension Fund
PO Box 4002
Eau Claire WI 54702



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REQUEST FOR TRANSFER OF
PENSION FUND CONTRIBUTIONS

TO: BOARD OF TRUSTEES of the Transferring Fund:

(Name & City of Out-of-Town Fund)

As provided in the Reciprocity Agreement between your Pension Fund and my Home Fund, the **North Central States Regional Council of Carpenters (NCSRCC) Pension Fund**, I am requesting that you transfer to my Home Fund all Pension contributions received by you in my behalf. I understand that if I have become a Participant in the Transferring Fund, ONLY contributions received in my behalf after the date you receive the appropriate Transfer Request Form may be transferred to my Home Fund. If I am not a Participant in the Transferring Fund, ALL contributions received by the Transferring Fund in my behalf may be transferred to my Home Fund upon receipt of the appropriate Transfer Request Form.

NOTE: In the NCSRCC Pension Fund, Participation occurs on the January 1 or July 1 which follows---a period of 12 months from the date of hire; or the Plan Year which starts after the date of hire; provided employer contributions were payable for at least 750 hours in one of these two periods.

If this request is approved, I, my dependents, survivors and beneficiaries will no longer have any claim against you for the contributions transferred or for any benefits which may have been payable in my behalf. My eligibility for any benefits based on these contributions will be determined by the Plan provisions of my Home Fund.

These instructions will continue in effect until I direct you, in writing, to cease transferring Contributions to my Home Fund.

APPLICANT NAME _____

SOCIAL SECURITY # _____

LOCAL UNION # _____

ADDRESS _____

THE BACK OF THIS FORM MUST BE COMPLETED TO AUTHORIZE THE TRANSFER →→→

I declare that I am (complete one)

_____ not legally married at this time.

_____ unable to locate my spouse.

_____ legally married at this time. (If so, spouse must complete the following consent statement for this request to be honored.)

I understand that you may require annual verification of this request to transfer and of my marital status. I understand it is necessary that I notify you in the event of my remarriage following my spouse's death or my divorce.

Spousal Consent Statement (Must be completed if married)

As legal spouse of the Applicant, I hereby consent to the Applicant's request for transfer of contributions and acknowledge that I have no claim against you for the contributions transferred or for any benefits which may have been payable to me.

Signature of Spouse _____

Date Signed _____

Please check one of the following paragraphs.

_____ I certify that there is no judgment, decree or order (such as a divorce decree), either current or pending, which recognizes an alternate payee's right to receive all or a portion of benefits payable to me under this Plan. I agree to indemnify the Plan for any payments the Plan makes under such current or future judgment, decree or order, and which exceed the benefits to which I am otherwise entitled.

_____ I certify that there is a judgment, decree or order (such as pursuant to a divorce proceeding), which recognizes the existence of an alternate payee's right to receive all or a portion of benefits payable to me under this Plan; or there is a pending order having the same effect. A copy of the order is attached.

I hereby certify that all of the information furnished by me is true, complete, and correct to the best of my knowledge and belief.

Signature of Applicant _____

Date Signed _____