



SHEET METAL WORKERS LOCAL 292 RECIPROCITY

P.O. Box 189
Troy, MI 48099-0189
(248) 641-4992 (888) 646-6565

NAME: _____ SS # _____

HOME ADDRESS: _____ HOME LOCAL UNION NO. _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ TELEPHONE: _____ CELL: _____

I hereby elect, to the extent that the Trustees of the Cooperating Funds and the Trustees of my Home Health and Welfare, Pension, Annuity and/or S.U.B. Funds have executed agreements between them permitting the transfer of contributions, to have contributions paid on my behalf to the Cooperating Funds remitted to my home funds.

HOME BENEFIT FUND (S) NAME: _____

FUND OFFICE ADDRESS: _____

I understand that the Cooperating Funds will act solely as the agent of the noted Home Funds and as such, I shall be subject to the eligibility rules of said Home Funds upon the transfer of contributions. I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Cooperating Funds and its Trustees of and from all claims, demands, actions, causes of actions or suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me had I not authorized this transfer of contributions. I further recognize that the transfer of contributions to the noted Home Funds may or may not ultimately prove to be to the advantage to myself and/or my beneficiaries.

SIGNATURE: _____

DATE CARD SIGNED: _____ TRAVELING FUND NO: _____

***MAIL COMPLETED FORM TO THE BENEFIT OFFICE OF WHERE YOU ARE TRAVELING IN.
PLEASE CONTACT THIS OFFICE OR TRAVELING BENEFIT OFFICE IF YOU NEED
MAILING ADDRESS.**