

**THE ELECTRICAL INDUSTRY PENSION RECIPROCAL AGREEMENT**  
**Employee Reciprocal Authorization and Release**

TO: The participating defined benefit pension fund receiving contributions for work performed in the jurisdiction of IBEW

Local Union \_\_\_\_\_, located at \_\_\_\_\_.

TO: The participating defined contribution pension fund receiving contributions for work in the jurisdiction of IBEW

Local Union \_\_\_\_\_, located at \_\_\_\_\_.

In order to receive pension-related credits in my home pension fund(s) while working outside its jurisdiction, I hereby authorize the above-identified pension fund(s) to receive all contribution for my hours worked within the area covered by the fund(s) and to transfer such hours and an equivalent amount of money to my home fund(s). I also authorize my home fund(s) to accept and apply these transferred hours and monies pursuant to its rules, including any rules which take into consideration any difference in contribution rates between the transferring and home fund(s).

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of my dependents or assigns to any benefits from the above-identified pension fund(s) and release the fund(s) and its trustees from any and all liability.

The effective date of this authorization shall be the first of the month in which this authorization is signed and received by either the administrator of the above-referenced pension fund(s) or the designated representative of the fund(s).

This authorization is voluntarily given by me and at my instance, and shall remain in full force and effective until I have not worked in the area covered by this pension fund(s) for a period of one year or until the last day of the month in which my written request to cancel this authorization is received by the administrator of this pension fund(s).

**All of the following information must be completed.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(month/day/year)

NAME(print) \_\_\_\_\_ HOME PHONE \_\_\_\_\_

(Area Code-Number)

HOME ADDRESS \_\_\_\_\_

(street)

(city)

(state)

(zip)

SOCIAL SECURITY NUMBER \_\_\_\_\_ MEMBER OF LOCAL UNION \_\_\_\_\_

(home local)

SOCIAL INSURANCE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HOME FUND (Defined Benefit) NAME \_\_\_\_\_

HOME FUND (Defined Benefit) LOCATION \_\_\_\_\_ JURISDICTION \_\_\_\_\_

(city)

(state)

(inside/outside)

HOME FUND (Defined Contribution) NAME \_\_\_\_\_

HOME FUND (Defined Contribution) LOCATION \_\_\_\_\_ JURISDICTION \_\_\_\_\_

(city)

(state)

(inside/outside)

\*Your home fund(s) is a pension fund signatory to this reciprocal agreement which is: (A) the pension fund(s) covering the IBEW local union to which you belong if you are a participant or have credited service in the fund(s); or (B) if (A) is not applicable, the pension fund(s) in which you are currently a participant or have credited service.

(NOTE: If you have no home fund or if you are a participant or have credited service in the pension fund(s) covering the IBEW local union to which you belong and that fund(s) does not participate in the reciprocity agreement, you cannot have funds transferred pursuant to this reciprocal agreement.)

**RECEIVED BY:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FORWARD FORM TO PROPER PLAN ADMINISTRATOR IMMEDIATELY AFTER SIGNING**