

COOPERATING PENSION AND WELFARE FUND NAME
IRON WORKERS INTERNATIONAL RECIPROCAL AGREEMENT
AUTHORIZATION OF CONTRIBUTIONS TRANSFER

NAME _____ SOCIAL SECURITY NO: _____

HOME ADDRESS: _____ LOCAL UNION NO:798 _____

_____ CRAFT: IRON WORKER _____

TELEPHONE: _____

I hereby elect to the extent that the Trustee of these above-noted Cooperating Fund(\$) and the Trustees of my Home Pension and / or Welfare Funds (as noted below) have executed **agreements** between them permitting the transfer of contributions, to have Pension and Welfare contributions paid on my behalf to the above-noted Funds remitted to my Home Pension and or WeffarFund(s) as now stated by me.

HOME PENSION FUND NAME: AFL-AGC Pension Fund
P.O. Box 1492
Mobile, Alabama 36633

HOME ANNUITY FUND NAME: SOUTH EASTERN IW ANNUITY PLAN
PO BOX 919247
ORLANDO FL 32891

HOME WELFARE FUND NAME: AFL-AGO Welfare Fund
P.O. Box 1492
Mobile, Alabama 36633

I understand that the Cooperating Fund(s) will act solely as the agent of the noted Home Fund(\$) and as such. I shall be subject to the eligibility rules said Home Fund(s) 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 Fund(s) and their Trustees of and from all claims, demands, actions, causes of actions or suits 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 of myself and / or my beneficiaries.

DATE CARD SIGNED:---/---/--- SIGNATURE, _____