HEALTH & WELFARE RECIPROCITY AGREEMENT

Request and Authorization for Transfer of Contributions

_____ _____

Participant Name (Please print) Social Security Number

I request and authorize that the Board of Trustees of the Local _____ Health and Welfare Fund to transfer to my Home Health and Welfare Fund all contributions made on my behalf to its Fund hereafter and within six months prior to the date this authorization request is received by the Fund, unless and until this authorization is revoked in writing. In support of this request, I state as follows:

1. I am a member of IUOE Local No.___ and my Union Registration No. is_____.

2. My Home Health and Welfare Fund is _____.

3. I understand that, upon approval of my request to transfer, I cannot later request that any contributions which may be transferred to my Home Fund be transferred back to the transferring Fund.

4. I understand that, upon approval of my request to transfer contributions, my and my dependants' eligibility for benefits and all other participant rights shall be determined exclusively by the terms of my Home Fund's plan and rules, and not by the terms of the transferring Fund's plan and rules.

5. By making this request, I waive and release, on behalf of myself and my dependants, any and all claims against both Funds and their fiduciaries relating to whether the transfer of contributions is in my or their best interests.

_____ _____

Participant's Signature Date

_____

Street Address

_____ _____ _____

City, State, Zip Telephone