

## MIDWEST OPERATING ENGINEERS AUTHORIZATION FOR TRANSFER OF CONTRIBUTIONS

ENTE	OVER DIFORM TION		
	OYEE INFORMATION		
Name:		Date of Birth:	Social Security #
Street Address:			Phone Number:
City: State:		State:	Zip Code:
Membe	r of IUOE Local No:		Registration No:
contribution of the Irrare only question 1.	ations made on my behalf to my Homenternational Reciprocal and Pipeline As available through the following Lons regarding the REF, please contact In RTANT: PLEASE READ THIS SECTION Is understand that the Midwest Opensing back 6-months from the date. I understand that all contributions we revoked in writing.  I understand that once my request is transferred to my Home Funds to be I understand that my eligibility for exclusively by the terms of my Home	e Funds. The transfer of Welfare and Agreement. Annuity Funds (Local 1: Agreement. Agreement. Agreement. Annuity Funds (Local 1: Agreement. Agreement. Agreement. Agreement. Agreement. Annuity Funds (Local 1: Agreement. Agr	Home Funds until this authorization is any contributions that were previously Fund.  I participant rights, shall be determined my dependents, all claims against both ons is in my or their best interests.

Date

**Employee Signature**