



**PENSION TRUST FUND • WELFARE FUND • RETIREE WELFARE PLAN
VACATION SAVINGS PLAN • RETIREMENT ENHANCEMENT FUND**

6150 JOLIET ROAD, COUNTRYSIDE, IL 60525-3994

PHONE: (708) 482-7300 FAX: (708) 482-3056

JAMES M. SWEENEY, CHAIRMAN / DAVID M. SNELTEN, SECRETARY-TREASURER

<Current Date>

Dear <Member Name>:

Enclosed you will find the **Transfer Authorization Form** for Local 150. It is imperative that you read through the information in its entirety and complete the applicable forms.

- Please use the enclosed checklist as a guide to assist you with completing the **Transfer Authorization Form**.
- Mail a copy of the completed forms to:
Midwest Operating Engineers Fringe Benefit Funds
ATTN: Accounts Receivable Department
6150 Joliet Road
Countryside, IL 60525
- If you complete the **Money Follows Man Reciprocity** or the **Pipeline Contribution Transfer Authorization** forms for Central Pension Fund, we will forward these forms to the required address and we will keep a copy of all the completed forms with the Fringe Benefit Funds Accounts Receivable Department.
- **Please Note:** The Accounts Receivable Department can only transfer contributions back six months from the time that we receive your completed Transfer Authorization request. In addition, no transfer will take place unless there is a Reciprocity Agreement between Local 150 and the Receiving Fund/Plan.

If you have any questions regarding this information, please contact the Accounts Receivable Department at (708) 579-6620.

Sincerely,

Midwest Operating Engineers Fringe Benefit Funds
Accounts Receivable Department

Enclosures



PENSION TRUST FUND • WELFARE FUND • RETIREE WELFARE PLAN
VACATION SAVINGS PLAN • RETIREMENT ENHANCEMENT FUND

6150 JOLIET ROAD, COUNTRYSIDE, IL 60525-3994
PHONE: (708) 482-7300 FAX: (708) 482-3056

JAMES M. SWEENEY, CHAIRMAN / DAVID M. SNELTEN, SECRETARY-TREASURER

Transfer Authorization Form - Please Print

Member's Last Name First Name Middle Initial

Street Address

City State Zip Code

Date of Birth Social Security Number Home Phone Cell Phone

Local 150

Member's Home Local # Working in the Jurisdiction of Local #

Local 150 Operating Engineers

Transferring Fund Receiving Fund/Plan

Member's Signature Date

Check all boxes that apply:

- Midwest Operating Engineers Welfare Fund (Welfare Fund): I hereby authorize the Midwest Operating Engineers Welfare Fund to transfer all Welfare Fund Employer Contributions, while working within Local 150's jurisdiction to the above-named Receiving Fund/Plan. I further understand that this Transfer Authorization form is revocable 30 days after the receipt by Welfare Fund of a notice in writing, signed, and executed by me requesting that the Transfer Authorization be terminated.
Midwest Operating Engineers Pension Fund (Pension Fund): I am presently a participant or in the process of establishing participation under the Pension Plan of the above Receiving Fund/Plan. I authorize you to forward all Midwest Operating Engineers Pension Fund Employer Contributions received on my behalf to the above Receiving Fund/Plan, in accordance with the terms of the Reciprocity Agreement. In addition, I waive my rights to participate in the Midwest Operating Engineers Pension Fund and hereby release the Pension Fund all liability to my named beneficiaries. I also understand that I may terminate this election in the future by written notice to you. If I do terminate this election, I understand that to re-establishment participation under the Midwest Operating Engineers Pension Fund, I must work in this area the required number of hours or years from and after the date that my election is delivered to you.
Midwest Operating Engineers Retirement Enhancement Fund (REF): If you are working in the jurisdiction or are a member of one of the following Locals 4, 66, 98, 139, 324, 513, 520, & 649, the REF Employer Contributions can be reciprocated back to one of these Locals annuity fund. I authorize you to forward all REF Employer Contributions received on my behalf to the above Receiving Fund/Plan, in accordance with the terms of the Reciprocity Agreement. In addition, I waive my rights to participate in the REF and hereby release the REF all liability to my named beneficiaries. I also understand that I may terminate this election in the future by written notice to you. If I do terminate this election, I understand that to re-establishment participation under the REF, I must work in this area the required number of hours or years from and after the date that my election is delivered to you.

This is to certify that (Print Member's Full Name) personally known to be this person whose name is shown above

on this Transfer Authorization Form appeared before me, a Notary Public, this day of and expressly acknowledge to me the execution of said foregoing

Transfer Authorization as his/her free and voluntary act, and that they understood the foregoing Transfer Authorization Form, and that they intended to be legally bound by the same and by the Reciprocity Agreements between Local 150 and the Receiving Fund's Local.

Notary Public

Commission Expiration Date



**PENSION TRUST FUND • WELFARE FUND • RETIREE WELFARE PLAN
VACATION SAVINGS PLAN • RETIREMENT ENHANCEMENT FUND**

6150 JOLIET ROAD, COUNTRYSIDE, IL 60525-3994

PHONE: (708) 482-7300 FAX: (708) 482-3056

JAMES M. SWEENEY, CHAIRMAN / DAVID M. SNELTEN, SECRETARY-TREASURER

Transfer Authorization Checklist

The purpose of this checklist is to ensure that you have completed, signed, and notarized all the necessary forms to successfully request for the Transfer Authorization:

- Completed the Transfer Authorization Form to request a transfer of Employer Contributions of the following Local 150 fringe benefits to the named Receiving Fund/Plan
 - Midwest Operating Engineers Welfare Fund (Welfare Fund)
 - Midwest Operating Engineers Pension Fund (Pension Fund)
 - Midwest Operating Engineers Retirement Enhancement Fund (REF) – Please note: The REF Employer Contributions will be transferred to only the following Locals: **4, 66, 98, 139, 324, 513, 520, & 649**
- Be sure to signed, dated, and notarize the Transfer Authorization Form
- Central Pension Fund - Completed the Money Follows Man Reciprocity forms (two pages)
- Central Pension Fund – Pipeline Contribution Transfer Authorization forms (two pages)
- Place completed forms in envelope and mail to:

Midwest Operating Engineers Fringe Benefit Funds
ATTN: Accounts Receivable Department
6150 Joliet Road
Countryside, IL 60525



MONEY FOLLOWS MAN RECIPROCITY

TO: Board of Trustees
Central Pension Fund of the International Union of
Operating Engineers and Participating Employers
4115 Chesapeake St. NW
Washington, DC 20016

RE: Request for Transfer of Contributions to Home Local Pension Fund

Participant Name

Social Security Number

The above-referenced participant hereby requests and authorizes the Board of Trustees to transfer to my Home Local Pension Fund all eligible contributions made on my behalf to the Central Pension Fund, as of the date this request is received by the Board, and in the future, unless this authorization is revoked in writing. In support of this request, I hereby state as follows:

1. I am a member of IUOE Local No. _____, AFL-CIO and my Union Register No. is _____.
2. My Home Local Pension Fund is _____.
3. I understand that the benefits to which I may be entitled under my Home Local Pension Fund, if my request to transfer is approved, may be less than what I would be entitled to receive if the contributions made on my behalf to the Central Pension Fund remain at the Central Pension Fund.
4. I understand that I have a right to request an estimate of the value of the accrued benefit I have earned with the Central Pension Fund as of this date, before the Board acts upon my request to transfer.

PLEASE CHECK THE APPROPRIATE BOX

- I do not want an estimate before the Board acts upon my request.
- I hereby request an estimate before the Board acts upon my request.

5. I understand that if the Board grants my request, in whole or in part, I cannot later request that any contributions which may be transferred to my Home Local Pension Fund be transferred back to the Central Pension Fund.
6. I acknowledge that I have received and reviewed a copy of the Central Pension Fund's Policies and Procedures for Administering Money Follows the Man Reciprocity. I further acknowledge that I have had at least 30 days to review same and ask any questions I may have before the Board acts upon the transfer request.
7. I acknowledge and agree that if the Board grants my request and transfers contributions to my Home Local Pension Fund, such decision by the Board is final and binding. I waive on my behalf, and my heirs, successors and assigns, any right to receive any accrued benefit from the Central Pension Fund, based upon the contributions and hours of service transferred to my Home Local Pension Fund pursuant to this request.
8. I understand that my Home Local Pension Fund may have imposed time limits upon transferring or accepting contributions under Money Follows the Man Reciprocity and the Central Pension Fund shall not be liable in the event my Home Local Pension Fund rejects my transfer request on the basis of its time limits.

Participant's Signature

Street Address

City, State Zip

Subscribed and sworn to before me this _____ day of _____.

Notary Public



Pipeline Contribution Transfer Authorization

This authorizes the Trustees of the Central Pension Fund of the International Union of Operating Engineers and Participating Employers (CPF) to transfer to the Local Pension Fund designated below any and all pipeline pension hours and contributions made to CPF by my employers prior to the date of this authorization. I understand this authorization applies only to the contributions received and processed prior to this date, and that I must file a separate authorization for the transfer of any future contributions. I also certify that I am a member of the Local Union No. _____

.....
**Name of Local Pension Fund
to which transfer is authorized** _____

Name of Participant: _____

Social Security Number: _____

Union Register Number: _____

.....
ADDRESS:

Street: _____

City: _____

State: _____

Zip: _____

Signature of Participant

Date Signed

Please be aware that it may take up to 90 days following the completion of a given project for CPF to receive and process all hours and contributions for the project.

**INTERNATIONAL PIPELINE HEALTH & WELFARE
RECIPROCITY AGREEMENT
(PIPELINE MEMBERS ONLY)**

PARTICIPANT NAME (PLEASE PRINT)

SOCIAL SECURITY NUMBER

I request and authorize the Board of Trustees of the Local PIPELINE 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 Register 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, myself and my dependents' eligibility for benefit 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 transferring fund's plan and rules.

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

PARTICIPANT'S SIGNATURE

DATE

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER