MIDWEST OPERATING ENGINEERS
FRINGE BENEFIT FUNDS

MIDWEST OPERATING ENGINEERS
AUTHORIZATION FOR TRANSFER OF CONTRIBUTIONS

This form authorizes the transfer of eligible contributions to your Home Funds; please include a copy of your photo ID when returning the completed form to avoid processing delays.

EMPLOYEE INFORMATION		
Name:	Date of Birth:	Social Security #:
Street Address:		Phone Number:
City:	State:	Zip Code:
Member of IUOE Local No:		Registration No:

I request and authorize the Board of Trustees for Midwest Operating Engineers Fringe Benefit Funds to transfer all relevant contributions made on my behalf to my Home Funds. The transfer of Welfare and Pension Fund(s) is through the execution of the International Reciprocal and Pipeline Agreement. Annuity Funds (Local 150 Retirement Enhancement Fund (REF) are only available through the following Locals: 4, 66, 98, 139, 324, 513, 520, & 649, and are subject to change. For questions regarding the REF, please contact Fidelity at 866-848-6466.

IMPORTANT: PLEASE READ THIS SECTION IN ITS ENTIRETY

1. I understand that the Midwest Operating Engineers Fringe Benefit Funds **can only transfer contributions going back 6-months** from the date my Authorization for Transfer of Contributions is received.

2. I understand that all contributions will continue to be transferred to my Home Funds until this authorization is revoked in writing.

3. I understand that once my request is processed, I cannot request to have any contributions that were previously transferred to my Home Funds to be transferred back to the transferring Fund.

4. I understand that my eligibility for benefits, along with any additional participant rights, shall be determined exclusively by the terms of my Home's plan and rules.

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

6. I understand that signing this document means I have read and understand its contents.

Employee Signature **Date**