

Carpenters Trusts of Western Washington

PO Box 1929 Seattle, WA 98111-1929
(800) 552-0635

Authorization to Transfer Fringe Benefit Contributions

I am a participant in **Carpenters Trusts of Western Washington** – my “home” trust. I am or will be working in the jurisdiction provided below – the “cooperating” trust. Please transfer the funds identified below to my home trust effective on the date provided below. I understand this request for transfer of contributions must be filed within 60 days following commencement of my employment within the jurisdiction of the cooperating trust.

1. What is the name, address and telephone number of the cooperating trust?

Trust name _____

Mailing address _____

City _____ State _____ Zip _____

Telephone _____

2. Which funds should be transferred (check all that apply)?

Health and Security

Pension except 401(k) contributions

3. What is the effective date of the transfer? _____ (Month) _____ (Year)

Participant's name _____

Mailing address _____

City _____ State _____ Zip _____

Local union _____ Social Security number _____

Date of birth _____ Cell number _____

Participant's signature _____ Date _____