

**IRONWORKERS'**  
**International Reciprocal Agreement**  
**Contributions Authorization Transfer**

Name \_\_\_\_\_  
(Please Print Full Name)

Home Address \_\_\_\_\_  
Street City State Zip

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ SS # \_\_\_\_\_

Home Local # \_\_\_\_\_ Union Book # \_\_\_\_\_ D.O.B. \_\_\_\_\_

I hereby elect or do not elect as indicated below, to have contributions that are paid on my behalf to the following Funds, transferred to my Home Funds. I understand that this authorization is only valid with respect to those cooperating funds that have executed agreements with my Home Fund to permit the transfer of contributions.

**Elect**     **Do Not Elect** to have my **Health & Welfare** contribution remitted to my Home Fund

**Elect**     **Do Not Elect** to have my **Pension** contribution remitted to my Home Fund

**Elect**     **Do Not Elect** to have my **Defined Contribution Annuity** remitted to my Home Fund

(In the event your home local does not have a DC Plan, then contributions must stay in Local 25's DC Plan)

I understand that the cooperating Fund(s) will act solely as the agent of the noted Home Fund(s); and as such, I shall be subject to the eligibility rules of said Home Fund(s) upon the transfer of contributions. I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the cooperating fund(s) and their Trustees of and from all claims, demands, actions, causes of actions or suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me had I not authorized this transfer of contribution. I further recognize that the transfer of contribution to the noted Home Funds may or may not ultimately prove to be to the advantage of myself and/or my beneficiaries.

I was or am currently employed by: \_\_\_\_\_ Jobsite Name: \_\_\_\_\_

Job Steward Name: \_\_\_\_\_ Travel Dues paid yes or no \_\_\_\_\_



**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**\*\*\*\*\* MANDATORY: INCLUDE THE SIGNED WORKING DUES ASSESSMENT FORM \*\*\*\*\***

**Required Local 25 Officer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Michael Randick BM-FST

**Iron Workers' Local No. 25**  
**P. O. Box 965**  
**Novi, MI 48376-0965**  
**248-344-9494**  
**FAX: 248-305-8468**  
**E-Mail: [union@ironworkers25.org](mailto:union@ironworkers25.org)**

Local No. 25 Fringe Benefit Funds  
800-572-8553