

NAME: _____

**MIDWESTERN STATES – UNITED ASSOCIATION
CONTRIBUTIONS TRANSFER REQUEST**

Date: _____

Home Local No: _____

City: _____

State: _____

I certify that I have been performing work covered by the Collective Bargaining Agreement negotiated by Local Union No. 353 located in the city of Peoria and State of Illinois.

I do hereby consent and agree that employer contributions to the Plumbers and Pipefitters' Local Union No. 353 Pension and/or Welfare Benefit Funds(s) be transmitted to Plumbers and Pipefitters' Local Union No. _____ Pension and/or Welfare Benefit Fund(s), which is the Trust Fund with which I have been principally associated.

I understand and agree that contributions will be transferred only if the Trust Funds named above are parties to the Midwestern States – United Association Reciprocal Pension Agreement and/or the Midwestern States – United Association Reciprocal Welfare Agreement. I further understand and agree that the Pension Trust Fund last named above shall determine what portion, if any, of said contributions shall be forwarded to any other Pension Fund, including, but not limited to the Plumbers and Pipefitters National Pension Fund. I further understand and agree that the Trustees of the Transferring Fund(s) have no obligation apart from the forwarding of contributions in accordance with this request and therefore agree to hold them harmless from any claim which may be brought based in whole or in part on contributions paid to such Transferring Fund(s) which were forwarded to my Home Fund(s) pursuant to this Request.

I am employed by:

Contractor: _____

Date of Employment: _____

Union Card No: _____

Social Security No: _____

Signature