

OPERATING ENGINEERS LOCAL 139 DEFINED CONTRIBUTION ANNUITY FUND
TRANSFER REQUEST AND CONSENT FORM

TO: BOARD OF TRUSTEES of the _____

_____ (AWAY FUND)

I request that the Employer Contributions actually paid to your Fund by any of my employers be transferred to the _____

_____ (HOME FUND) in accordance with a Reciprocity Agreement to which both Participating Funds are party. The Participating Fund which I have designated is my "Home Fund".

I understand that I will no longer have a claim against the Away Fund for any benefits which otherwise might accrue for myself, my dependents or my survivors, based upon such contributions. I also understand that my eligibility for any benefits based on such Employer Contributions will be determined solely in accordance with the Trust Agreement and Plan Document of my Home Fund.

I agree to hold both Funds and the Trustees of both Funds serving from time to time harmless from and to indemnify them against any and all payments, including legal fees and costs which they incur in connection with such claim.

I understand that I may cancel this request at any time by giving you written notice of such cancellation. I also understand that this request will automatically expire at the end of any six consecutive calendar months in which I do not perform any work for which contributions are requested to be paid to the Away Fund.

Dated: _____, 202____.

SIGNATURE

Employee Contact Information - (Please Print)

Name: _____	Social Security No. _____
Address: _____ _____	Telephone: _____ Cellphone: _____ Email: _____