

United Brotherhood of Carpenters and Joiners of America

RECIPROCITY TERMINATION FORM
For the Cancellation of Reciprocal Transfer

Please complete this form entirely. Any missing information will cause processing delays.

PARTICIPANT

(rev 11-01-2023)

Name:		Social Security Number:	
Street Address:		City:	State:
			Zip Code:
Phone Number:	Email Address:		

I authorize the **OUTSIDE/AWAY** Fund(s) below to **STOP** the transfer of my hours/contributions to my **HOME** Fund(s), effective the period beginning _____ / _____ / _____ (**Month/Day/Year**).

Please list only the names of the cooperating OUTSIDE/AWAY Fund(s):	
Health & Welfare Outside/Away Fund:	
Pension Outside/Away Fund:	
Annuity Outside/Away Fund:	
Outside/Away Local Union:	

Please list only the names of the cooperating HOME Fund(s):	
Health & Welfare Home Fund:	
Pension Home Fund:	
Annuity Home Fund:	
Home Local Union:	

RETURN FUNDS

(This section is to be completed only if you are requesting that funds be returned to another fund.)

Some contributions that have already been transferred from the Outside/Away Fund(s) to your Home Fund(s) may possibly be returned/refunded to the Outside/Away Fund(s) (subject to review/approval). If you wish to request a return/refund, please complete the following:

Please return my contributions to _____ (fund) for the work month beginning _____.

Signature: _____

Date: _____