

**EMPLOYEES RECIPROCAL AUTHORIZATION AND RELEASE
PENSION FUND**

TO: _____
Name of Reciprocal Fund Covering Local Union in Which You are Going to Work

In order to re-establish or preserve continuity of my eligibility in my Home Pension Fund, while working outside its jurisdiction, I hereby authorize the above listed Pension Fund to receive all contributions for hours worked on my behalf by employers within the jurisdiction of the Fund. I also authorize the above listed Pension Fund to transfer such hours and contributions to my Home Fund as listed below.

I agree to have my eligibility and benefits determined by the rules of my Home Pension Fund and in accordance with the reciprocal agreement between these Funds; provided such a agreement is in effect at that time.

I fully understand that in making this designation, I hereby waive all rights and future claim(s) on my behalf or that of my dependents or assigns to any benefits from the above listed Reciprocal pension Fund and release the Fund and its Trustees from any and all claim(s) or liability based on future service or any difference in contribution rates retained by the Fund.

I further understand this authorization is voluntarily given by me and at my instance, and shall remain in full force and effect and shall only be revoked by me upon thirty(30) days written notice to the transferring Fund.

I certify that I am a member of the Local Union shown below: (Please Print)

Member Name Social Security Number

Street Address City State Zip Code

Zenith American Solutions

Home Fund Name & Local Union Number

100 Crescent Centre Parkway Suite 400 Tucker, GA 30084

Home Fund Address

Member Signature Date Signed