

New York City District Council of Carpenters Benefit Funds
395 Hudson Street
New York, NY 10014
Telephone: (212) 366-7300, Fax: (212) 366-7432

Benefits Opt-In Form

I am a member of an Outside Jurisdiction Local and at this time I would like to keep all or a portion of my Benefits in the New York City District Council of Carpenters Benefit Funds.

I understand that in doing so, I will not at a later time be able to transfer these Benefits back to my Home Fund while this form was in effect. This form can only be canceled by signing a new Reciprocal Waiver form from my Home Fund. Benefit Funds from that day forward would be transferrable.

Please indicate which funds you would like to remain in the New York City Carpenters Fund.

(Please check all that apply)

Welfare

Pension

Annuity

All

Name

Social Security/UBC #

Address

Home Local

Date Transferred

Date of Birth

Signature

Date