

DESIGNATION OF HOME FUND

TO BE USED WHEN WORKING OUTSIDE THE JURISDICTION OF CARPENTERS LOCAL 747

To the
Outside/Away Fund _____
Fund Name _____
Fund Address _____
City, State, Zip _____

Fund Administrator:

I am a member of Carpenters Local 747 of the United Brotherhood of Carpenters & Joiners of America. I request that employer contributions (Health, Pension & Annuity) received by your Fund on my behalf will be forwarded to the following Fund:

Fund Name: **Empire State Carpenters Fringe Benefit Funds**
Address: **181 Industrial Park Road**
City, State & Zip: **Horseheads, NY 14845**
Telephone: 607-739-1326
Fax: 607-739-1415

Under the terms of the International Reciprocal Agreement, I request that contributions received by you because of my work in your area be transferred to the above fund. I am requesting that any hours of covered employment that I have in your fund be transmitted to the fund listed above. This authorization shall continue until canceled by me in writing.

In consideration of the transfer of monies, I hereby waive all rights, credits and claims for benefits and benefits that I would have accrued or would accrue, as the result of the employment in the area which gave rise to the employer contributions. I further recognize that the transfer of contributions to Empire State Carpenters Fringe Benefit Funds may or may not ultimately prove to be to the advantage of my behalf and/or my beneficiaries.

Print Name

747

Local Union #

Print Address

Date of Birth

City State Zip

Social Security Number

Signature

Date

**Carpenters Local Union 747
3247 Vickery Road
Syracuse, NY 13212**