

## TRANSFER AUTHORIZATION REQUEST

I, the undersigned, certify that my home fund is Mid Central Operating Engineers Health & Welfare Fund. I wish to have all HRA contributions received because of my work in Local 649 transferred to my home fund in accordance with the terms of the Reciprocity Agreement.

I understand that in requesting such transfer, I hereby release and discharge Local 649 Health Reimbursement Trust, its Trustees, administrators and employees from any and all liability to me, my beneficiaries and/or my heirs for HRA contributions.

I also understand that I may terminate this election in the future by written notice to you. If I do terminate this election, termination will become effective on the first day of the second month after I deliver notice of termination of transfer to you.

---

Signature

---

Social Security Number

---

Print Name

---

Date

---

Street Address

---

City, State, Zip