

**MICHIGAN BAC PENSION FUND  
MICHIGAN BAC HEALTH CARE FUND  
6525 CENTURION DRIVE  
LANSING, MICHIGAN 48917**

AUTHORIZATION AND REQUEST TO TRANSFER EMPLOYER CONTRIBUTIONS  
UNDER RECIPROCIITY AGREEMENTS

- A. (PRESENT HOME FUND) \_\_\_\_\_  
B. (TRANSFER NEW HOME FUND) \_\_\_\_\_

1. I, \_\_\_\_\_ (Print), am a member of or represented by a Local Union which participates in the \_\_\_\_\_ and such Funds are, and are hereinafter referred to as, my "Home Funds." The address of my Fund is \_\_\_\_\_.
2. I understand that there is, or will be, reciprocity agreements between my Home Fund(s) and the \_\_\_\_\_ Pension Fund and/or the \_\_\_\_\_ Health Care Fund hereinafter referred to as "Out-of-Town Fund(s)" covering contributions made to either or both of the latter-named Funds for work performed by me while working within the geographic area covered by them.
3. I hereby authorize and request the Trustees of the Out-of-Town Fund(s) to transfer employer contributions made to said Fund(s) in my behalf to my respective Home Fund(s) pursuant to the terms of said reciprocity agreement(s).
4. In consideration of the Trustees of the Out-of-Town Fund(s) making the transfer per this authorization and request, I hereby agree, in behalf of myself, my dependents and heirs, to hold them and their successors harmless from any claims or damages which might result from such transfer.
5. I fully realize that the transfer of employer contributions from either Fund to my respective Home Pension or Health Care Fund might not actually work to my best interest.
6. This authorization and request is to apply to the contributions made in my behalf to the Out-of-Town Fund(s) by the following employers:

\_\_\_\_\_  
\_\_\_\_\_

and to contributions made in my behalf to said Out-of-Town Fund(s) by any other employers for whom I may work while this authorization and request is in force.

7. This authorization and request shall remain in full force and effect unless I notify the Trustees of the Out-of-Town Fund(s) in writing of my desire to revoke it, in which case this authorization and request shall terminate on the last day of the month following the month in which such notice is received by the Trustees of the Out-of-Town Fund(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_

Address (Street)

Social Security No.

Date of Birth

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Address (City, State, and Zip)

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Local Union No.

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Please note that copies of this Authorization and Request to Transfer Form should be sent to the following:

- 1 – Home Fund
- 2 – “Out of Town” Fund
- 3 – Local Union
- 4 - Employee