

INTERNATIONAL ASSOCIATION OF HEAT & FROST
INSULATORS & ALLIED WORKERS

RECIPROCAL TRANSFER AUTHORIZATION

Last Name _____ First Name _____

Address (include Postal Code) _____

S.I.N. _____

I am currently a member of Local No.: _____

Local Address _____

I am working for _____

under the jurisdiction of Local Union No. _____

I hereby authorize that all contributions received on my behalf for the purpose of Health and Welfare/Pension Benefits shall be transferred to Local Union No. _____ Trust Fund to provide for Health and Welfare/Pension Benefits provided under such Trust Fund.

Please transfer my: Health and Welfare Contributions Yes No

Pension Contributions Yes No

Signature: _____ Date: _____