

1-800-245-5145  
(Within WV)

**WV Laborers' Trust Fund (Health & Welfare) and Pension Fund**  
One Union Square, Suite 200 • Charleston, WV 25302

(304) 342-5142

**AUTHORIZATION OF CONTRIBUTIONS TRANSFER**

NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_  
LOCAL UNION NO. \_\_\_\_\_

TELEPHONE \_\_\_\_\_

HOME FUND \_\_\_\_\_  
DATE WORK BEGAN \_\_\_\_\_

I hereby  elect  do not elect (check all that apply), to the extent that the Trustees of these above-noted Cooperating Fund(s) and the Trustees of my Home Pension and/or Welfare Fund (as noted below) have executed agreements between them permitting the transfer of contributions, to have Pension and Welfare contributions paid on my behalf to the:

PENSION FUND  
work currently performed in state of \_\_\_\_\_  
 HEALTH & WELFARE FUND  
work currently performed in state of \_\_\_\_\_

PROFIT SHARING PLAN  
work currently performed in state of \_\_\_\_\_

I understand that the Cooperating Fund(s) will act solely as the agent of the noted Home Fund(s) and as such, I shall be subject to the eligibility rules of said Home Fund(s) upon the transfer of contributions. I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Cooperating Fund(s) and their Trustees of and from all claims, demands, actions, causes of actions or suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me had I not authorized this transfer of contributions. I further recognize that the transfer of contributions to the noted Home Funds may or may not ultimately prove to be to the advantage of myself and/or my beneficiaries.

DATE CARD SIGNED \_\_\_\_\_



SIGNATURE (Full Name) \_\_\_\_\_