



Carpenters Pension Fund of Illinois

1431 Opus Place, Suite 350 • Downers Grove, Illinois 60515
Toll Free: (800) 448-5825 • Office: (630) 232-7166 • Fax: (630) 845-1137
www.ilcarpsfund.org

TRANSFER REQUEST AND CONSENT FORM

*For use by Geneva Pension Fund of Illinois Participants only
(Other individuals must contact their home Local for their Fund-approved form)*

To: BOARD OF TRUSTEES (Away Fund):

I request that the contributions actually paid to your Fund by any of my employers be transferred to my Home Fund:

Carpenters Pension Fund of Illinois
1431 Opus Place, Suite 350
Downers Grove, IL 60515

in accordance with a Reciprocal Agreement to which both Funds are party. The Fund which I have designated is my "Home Fund". I understand that I will no longer have a claim against your Fund for any benefits which otherwise might accrue for myself, my dependents or my survivors, based upon such contributions. I also understand that my eligibility for any benefits based on such contributions will be determined solely in accordance with the Plan of Benefits of my Home Fund.

I understand that it is possible for benefits to be reduced or lost as a result of such a transfer, although I believe the transfer will be to my advantage. In order to induce the Fund to transfer contributions as I have requested, I waive, on behalf of myself and my dependents, heirs, beneficiaries and assigns, any claim for benefits which I may or they may lose and to which I or they would have been entitled but for the transfer of contributions, and I agree to hold both Funds and the Trustees of both Funds serving from time to time harmless from and to indemnify them against any and all payments, including legal fees and costs, which they incur in connection with such claim.

I understand that I may cancel this request at any time by giving you written notice of such cancellation, in which case this transfer and request shall terminate on the last day of the month in which such notice is received by the Trustees of said Funds.

Please transfer: **Defined Benefit (Pension)**

Name: _____ Local: _____
(please print) Join Date: _____

Social Security Number:

Address: _____
Number Street

City State Zip

Phone #: (_____) _____ Date of Birth: _____

Signature: _____ Date: _____