

FOR IMMEDIATE ATTENTION

REQUEST FOR RECIPROCAL TRANSFER

TO: _____ (Transferring Plan)

MEMBER NAME: _____

ADDRESS: _____

In accordance with the Labourers' Provincial Reciprocal Agreement or other reciprocal agreement between the Trust Funds, the following Member of _____, hereby request that all bank hours on deposit as of the benefit month of _____ be transferred immediately to:

LABOURERS' LOCAL 493 WELFARE TRUST FUND

By copy of this notice, I hereby instruct the Administrator of The Labourers' Local 493 Welfare Trust Fund to deposit all contributions received on my behalf on or after receipt of this notice to my bank hours in the aforementioned Trust Fund and not to make any further Reciprocal Transfers unless otherwise authorized by myself in writing.

X _____
Plan Member's Signature

Date Received

Date

PLEASE NOTE: Benefits CANNOT be provided to the member until the month following date of receipt. All other eligibility requirements must be met including sufficient dollar bank balance, completing and submission of proper enrollment forms including any positive enrolment of dependants.

If further information is required please contact:

Benefit Services
LIUNA Local 493
584 Clinton Ave.
Sudbury, ON P3B 2T2
Toll-Free: 1-855-942-0937
Tel: 705-805-5601
aseguin@liunalocal493.ca