

FOR IMMEDIATE ATTENTION

REQUEST FOR RECIPROCAL TRANSFER

TO: LiUNA Local 493 Welfare Trust Fund

MEMBER NAME: _____ **SIN:** _____

ADDRESS: _____

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

LABOURERS' LOCAL _____ Welfare Plan

By copy of this notice, I hereby instruct the Administrator of The Labourers' Local 1036 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

If further information is required please contact:

BENEFIT SERVICES
LIUNA Local 493
584 Clinton Ave
Sudbury, ON P3B 2T2
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Tel: 705-805-5601
Fax: 705-674-6728
Email: benefits493@liunalocal493.ca