

Contribution Transfer Authorization

Reciprocal Agreement Between Laborers' Pension Fund of Western Canada & Laborers' Pension Fund of Central And Eastern Canada & BC Laborers' Pension Plan

I hereby authorize the Away Fund to transfer to the Home Fund, funds received by the Away Fund for hours worked by me. I also hereby authorize the Away Fund and the Home Fund to release to each other any of my personal information necessary to effect the transfer of funds. I do further release the Away Fund, and it's Trustees, employees and agents, and agree to hold the Away Fund, it's Trustees, employees and agents harmless, from any and all loss and liability which any of them may incur by reason of any loss or damages which is incurred by or results to me, or to my dependents, by reason of such transfer.

Member Information		
Name:		
SIN:	Date of Birth:	
Address:		
City:	Prov:	PC:
Home Local Union No:	Away Local Union No:	
Home Fund:	Away Fund:	
Date First Worked at Away Local Union:		

Date

Employee Signature

Please distribute copies to:

1. Away Fund Administrative Fund Office
2. Home Fund Administrative Fund Office
3. Away Local Union Office
4. Employee

Please return this form, with your original signature by mail to:

Funds Administrative Service
10154 108 Street NW
Edmonton AB T5J 1L3

Phone: 780-453-2303 Toll Free: 1-800-661-7369