

## 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 its Trustees, employees and agents, and agree to hold the Away Fund, its 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: | Ellement Consulting Group<br>10154 108 Street NW<br>Edmonton AB T5J 1L3<br><br>Phone: 780-453-2303 Toll Free: 800-661-7369 Email: laborers@ellement.ca |
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