

EMPLOYEE'S REQUEST TO TRANSFER PENSION FUND CONTRIBUTIONS

The following information must be completed by the Employee:
(Please Print)

Name: _____
Last Name First Name MI

Address: _____
Number & Street City & State ZIP

Telephone Number: () _____

Social Security Number: _____

Home Local Union: _____

Home Pension Fund: **Laborers' District Council and Contractors' Pension Fund of Ohio**

Date Work Began in the Area of the:
Laborers Metro Detroit Fringe Benefit Funds

Month Day Year

Pursuant to the Reciprocal Agreement between the **Laborers' District Council and Contractors' Pension Fund of Ohio** and the **Laborers Metro Detroit Fringe Benefit Funds**, I hereby request that the **Laborers Metro Detroit Fringe Benefit Funds** transmit to the **Laborers' District Council and Contractors' Pension Fund of Ohio**, my Home Fund, a record of hours reported that have been worked by me in the area of the **Laborers Metro Detroit Fringe Benefit Funds** and any Pension Contributions received for such work, whether or not these contributions have been received in full or in part from the employer. I understand the transfer of the records and contributions is subject to the terms of the Reciprocal Agreement.

Employee's Signature

Date