

THE BAC RECIPROCAL AGREEMENT
EMPLOYEE RECIPROCAL AUTHORIZATION AND RELEASE

T R A V E L F U N D S	<u>Please check all boxes that apply:</u>	
	<input type="checkbox"/> The participating defined benefit pension fund _____ receiving contributions for work performed in the jurisdiction of BAC Local Union _____ is located at _____	
	<input type="checkbox"/> The participating defined contribution pension fund [Named _____] receiving contributions for work performed in the jurisdiction of BAC Local Union _____ is located at: _____	
	<input type="checkbox"/> The participating health and welfare/flexible benefit fund _____ receiving contributions for work performed in the jurisdiction of BAC Local Union _____ is located at: _____	
H O M E F U N D S	This authorization is voluntarily given by me and at my instance and shall remain in full force and effect until I have not worked in the area covered by this pension and/or health and welfare fund(s) for a period of one year or until the last day of the month in which my written request to cancel this authorization is received by the administrator of this pension and/or health and welfare fund(s).	
	<u>All of the following information must be completed.</u>	
	SIGNATURE _____	DATE _____ (month/day/year)
	NAME (PRINT) _____	Home Phone _____
	HOME ADDRESS: _____	
	SOCIAL SECURITY NUMBER: _____	BIRTHDATE _____
	CANADIAN SOCIAL INSURANCE NUMBER: _____	Member of Local #: _____
	HOME FUND (Defined benefit) NAME: BAC LOCAL 1 PENSION TRUST	
	LOCATION 2323 EASTLAKE E, SEATTLE WA 98102	JURISDICTION 1/WA
	HOME FUND (Defined contribution) NAME: BAC LOCAL 1 PENSION TRUST	
	LOCATION 2323 EASTLAKE E, SEATTLE WA 98102	JURISDICTION 1/WA
	HOME FUND (health and welfare) NAME: MASONRY SECURITY PLAN OF WASHINGTON	
LOCATION 2323 EASTLAKE AVE E SEATTLE, WA 98102	JURISDICTION 1/WA	
HOME FUND EMAIL JPELLHAM@NWADMIN.COM		

RECEIVED BY **BAC LOCAL #1 WA/AK** DATE _____

FORWARD FORM TO PROPER PLAN ADMINISTRATOR IMMEDIATELY AFTER SIGNING
AND SEND A COPY TO THE RECIPROCAL CLEARINGHOUSE