

**THE BAC RECIPROCAL AGREEMENT**  
**EMPLOYEE RECIPROCAL AUTHORIZATION AND RELEASE**

<b>T R A V E L  F U N D S       H O M E  F U N D S</b>	<p><u>Please check all boxes that apply:</u></p> <p><input checked="" type="checkbox"/> The participating defined benefit pension fund <b>BAC LOCAL 1 PENSION TRUST</b> receiving contributions for work performed in the jurisdiction of BAC Local Union <b>1</b> is located at <b>2323 EASTLAKE E, SEATTLE WA 98102</b></p> <p><input type="checkbox"/> The participating defined contribution pension fund [Named _____] receiving contributions for work performed in the jurisdiction of <b>BAC Local Union</b> _____ is located at: _____</p> <p><input checked="" type="checkbox"/> The participating health and welfare/flexible benefit fund <b>MASONRY SECURITY PLAN OF WASHINGTON</b> receiving contributions for work performed in the jurisdiction of <b>BAC Local Union 1</b> is located at <b>2323 EASTLAKE AVE E., SEATTLE, WA 98102</b></p> <p>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).</p> <p style="text-align: center;"><u>All of the following information must be completed.</u></p>
	<p>SIGNATURE _____ DATE _____ (month/day/year)</p>
	<p>NAME (PRINT) _____ Home Phone _____</p>
	<p>HOME ADDRESS: _____</p>
	<p>SOCIAL SECURITY NUMBER: _____ BIRTHDATE _____</p>
	<p>CANADIAN _____ Member of _____</p>
	<p>SOCIAL INSURANCE NUMBER: _____ Local #: _____</p>
	<p>HOME FUND (defined benefit) NAME: _____</p>
	<p>LOCATION _____ JURISDICTION _____</p>
	<p>HOME FUND (defined contribution) NAME: _____</p>
<p>LOCATION _____ JURISDICTION _____</p>	
<p>HOME FUND (health and welfare) NAME: _____</p>	
<p>LOCATION _____ JURISDICTION _____</p>	

HOME FUND EMAIL **JPPELLHAM@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