THE BAC RECIPROCAL AGREEMENT

EMPLOYEE RECIPROCAL AUTHORIZATION AND RELEASE

**TRAVEL FUNDS**

Please check all boxes that apply:

√ The participating defined benefit pension fund ***BAC LOCAL 1 PENSION TRUST*** receiving contributions for work performed in the jurisdiction of BAC Local Union ***1*** is located at ***2323 EASTLAKE E, SEATTLE WA 98102***

✓ The participating defined contribution pension fund ***RETIREMENT SAVINGS PLAN*** receiving contributions for work performed in the jurisdiction of **BAC Local Union** ***1*** is located at: ***2323 EASTLAKE E, SEATTLE WA 98102***

√ The participating health and welfare/flexible benefit fund ***MASONRY SECURITY PLAN OF WASHINGTON*** receiving contributions for work performed in the jurisdiction of **BAC Local Union** ***1*** is located at ***2323 EASTLAKE AVE E., SEATTLE, WA 98102***

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).

**All of the following information must be completed.**

**HOME FUNDS**

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: _____

LOCATION _____ JURISDICTION _____

HOME FUND (defined contribution) NAME: _____

LOCATION _____ JURISDICTION _____

HOME FUND (health and welfare) NAME _____

LOCATION _____ JURISDICTION _____

HOME FUND EMAIL ***JPELLHAM@NWADMIN.COM***

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

FORWARDFORMTOPROPERPLANADMINISTRATORIMMEDIATELYAFTERSIGNING

AND SEND A COPY TO THE RECIPROCAL CLEARINGHOUSE