

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

Please check all boxes that apply:

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The participating defined benefit pension fund _____ receiving contributions for work performed in the jurisdiction of BAC Local Union _____ is located at _____

The participating defined contribution pension fund [Named _____] receiving contributions for work performed in the jurisdiction of BAC Local Union _____ is located at: _____

The participating health and welfare/flexible benefit fund _____ receiving contributions for work performed in the jurisdiction of BAC Local Union _____ is located at: _____

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.

SIGNATURE _____ DATE _____
(month/day/year)

NAME (PRINT) _____ Home Phone _____
HOME ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ BIRTHDATE _____
CANADIAN Member of
SOCIAL INSURANCE NUMBER: _____ Local #: _____

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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: _____
LOCATION _____ JURISDICTION _____
HOME FUND
(health and welfare) NAME: **MASONRY SECURITY PLAN OF WASHINGTON**
2323 EASTLAKE AVE E
LOCATION **SEATTLE, WA 98102** JURISDICTION **1/WA**

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

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

FORWARD THE FORM TO THE PROPER PLAN ADMINISTRATOR IMMEDIATELY AFTER SIGNING