

**DISTRICT COUNCIL NO. 3
PAINTERS AND ALLIED TRADES TRUST FUND**

3100 Broadway, Suite 805
Kansas City, MO 64111
(816) 756-3313
Toll Free: 1-866-756-3313

REQUEST FOR TRANSFER OF WELFARE CONTRIBUTIONS

Name _____ Social Security No. _____ Local Union# _____

Address _____ Telephone _____

Transferring Fund _____

Address _____

Employer Name & Address _____

I hereby request and authorize, to the extent that the Trustees of the above-noted Transferring Fund and the Trustees of my Home Welfare Fund (as noted below) have executed agreements between them permitting the Transfer of contributions, to have Welfare contributions paid on my behalf to the above-noted Transferring Fund remitted to my Home Welfare Fund.

Home Welfare
Fund Name _____

Address _____

I understand that the Transferring Fund will act solely as the agent of the noted Home Fund and as such, I shall be subject to the eligibility rules of said Home Fund upon the transfer of contributions. I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Transferring Fund and their Trustees of and from all claims, demands, actions, causes of actions or suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me had I not authorized this transfer of contributions. I further recognize that the transfer of contributions to my Home Fund may or may not ultimately prove to be to the advantage of myself and/or my beneficiaries. I agree that eligibility for benefits and all other participant rights for transfer of contributions are governed solely by the provisions of my Home Fund.

DATE SIGNED _____ SIGNATURE _____

DATE SIGNED _____ WITNESS SIGNATURE _____

Note This completed request form shall be filed by employee with the Transferring Fund within sixty (60) days following the beginning of his employment within the Transferring Fund's jurisdiction, provided, however, that the Board of Trustees of the Transferring Fund may, at its discretion, grant an extension of that sixty (60) day period for special circumstances.

**PLEASE COMPLETE AND RETURN THIS FORM TO THE
"TRANSFERRING FUND" NOTED ABOVE.**