CONTRIBUTION TRANSFER AUTHORIZATION FORM

NAME: _____ S.I.N.: _____

ADDRESS: _____
Street City Province Postal

HOME LOCAL UNION NO.: _____

HOME TRUST NAME: _____

EMPLOYMENT AREA LOCAL UNION NO.: IRONWORKERS LOCAL 720

DATE FIRST WORKED IN AREA: _____
Month Day Year

I HEREBY AUTHORIZE THE : (Please check the appropriate line(s) and initial)
Ironworkers Health & Welfare Trust Fund of Western Canada _____
Alberta Ironworkers Pension Fund _____

(HEREIN CALLED "THE RELATED FUND (S)") TO TRANSFER TO THE CORRESPONDING TRUST FUND OF MY HOME LOCAL, FUNDS RECEIVED BY THE RELATED FUNDS (S) FOR HOURS WORKED BY ME. I DO FURTHER RELEASE THE RELATED FUND(S), AND ITS TRUSTEES, EMPLOYEES AND AGENTS, AND AGREE TO HOLD THE RELATED FUND (S), ITS TRUSTEES, EMPLOYEES AND AGENTS HARMLESS, FROM ANY AND ALL LOSS AN LIABILITY WHICH ANY OF THEM MAY INCUR BY REASON OF ANY LOSS OR DAMAGES WHICH IS INCURRED BY OR RESULTS TO ME, OR TO MY DEPENDENTS, BY REASON OR SUCH TRANSFER.

_____ _____
EMPLOYEE'S SIGNATURE DATE

THE EMPLOYEE NAMES ABOVE, _____, HAS REGISTERED FOR WORK IN AN AREA COVERED BY THIS TRUST. ALL FUNDS PAID TO THIS CREDIT AND ALL HOURS WORKED BY HIM UNDER THIS TRUST AS AUTHORIZED ABOVE SHOULD BE TRANSFERRED TO HIS HOME TRUST MONTHLY AS SOON AS THE AMOUNTS ARE RECEIVED, IF SUCH HOME TRUST HAS A RECORDED RECIPROCAL AGREEMENT WITH THIS TRUST. AMOUNTS TRANSFERRED SHOULD BE ACCOMPANIED BY A REPORT OF THE HOURS AND THE MONTH INVOLVED.

IRONWORKERS LOCAL UNION NO.: 720 DATE: _____

BY _____
BUSINESS MANAGER OR AUTHORIZED DESIGNATE