

International Union of Operating Engineers
Local 132 Trust Office
P.O. Box 2626
Huntington, West Virginia 25726-2626

TRANSFER AUTHORIZATION REQUEST

Participant Information

Name: _____ Social Security or ID # _____
Address: _____ Union Register Number _____
Phone: _____ Date of Birth _____

I am a member of Local Union Number _____, working in the jurisdiction of Local Union Number _____.

Authorization

This authorizes all hours and contributions reported by employers upon my behalf to the Local Union's jurisdiction in which they have been earned, to be transferred to my Home Local Union's Funds.

I understand that I may not be entitled to benefits from the transferring Local as a result of the hours and contributions being transferred to my Home Local's Funds.

I understand this Transfer Authorization Request will remain in force until such time as I revoke this authorization in writing.

Participant's Signature

Date Signed

Important Notice

If you are working for PIPELINE employers, please do not complete this form. Contact the following Funds as they require the use of their Transfer Authorization Forms:

Pipeline Health & Welfare Fund at 202-293-8060 (for your Health and Welfare hours)
Central Pension Fund at 202-362-1000 (for your Pension hours)