

TRANSFER REQUEST AND CONSENT FORM

To: BOARD OF TRUSTEES (AWAY FUND)

I request that the contributions actually paid to your Fund by any of my employers be transferred to my HOME FUND:

Fox Valley Laborers Health & Welfare Fund
2371 Bowes Road, Suite 500
Elgin, IL 60123-5523

in accordance with a Reciprocal Agreement to which both funds are party. I understand that I will no longer have a claim against your Fund for any benefits which otherwise might accrue for myself, my dependents or my survivors, based upon such contributions. I also understand that my eligibility for any benefits based on such contributions will be determined solely in accordance with the Plan of Benefits of my HOME FUND.

I understand that it is possible for benefits to be reduced or lost as a result of such a transfer, although I believe the transfer will be to my advantage. In order to induce the Funds to transfer contributions as I have requested, I waive, on behalf of myself and my dependents, heirs, beneficiaries and assigns any claim for benefits which I or they may lose and to which I or they would have been entitled but for the transfer of contributions, and I agree to hold both Funds and the Trustees of both Funds serving from time to time harmless from and to indemnify them against any and all payments, including legal fees and costs, which they incur in connection with any such claim.

I understand that I may cancel this request at any time by giving you written notice of such cancellation, in which case this transfer and request shall terminate on the last day of the month in which such notice is received by the Trustees of said Funds.

Signature

Printed Name

Local Number

Street Address

Social Security Number

City, State, Zip

Date _____