

MINNESOTA LABORERS FRINGE BENEFIT FUNDS

c/o Zenith American Solutions
P.O. Box 124
Minneapolis, Minnesota 55440-0124
(651) 256-1800

TRANSFER AUTHORIZATION

Please Print

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____ Phone Number: _____

(A) Transfer To

Transfer To Home Local Number: 140 WI Laborers' Benefit Fund

Located at: 4633 LiUNA Way, Suite 201 DeForest, WI 53532
City State

Telephone Number: 608-788-1095 / 608-846-1742

(B) Transfer From

Working in Jurisdiction of Local Number: _____

Located At: _____
City State

This authorizes the Local named in box B, to transfer contributions to the benefits administrator of my home local (described in box A). Please note, if reciprocal agreements exist, all funds applicable to those agreements will be transferred. This authorization will expire upon your written request.

SIGNED _____ DATE _____

For Administrative purposes only:

Date Authorization Received: _____

Work Period Reciprocity is effective: _____

Benefit Funds available for transfer: _____