

MIDWEST OPERATING ENGINEERS
FRINGE BENEFIT FUNDS

**PENSION TRUST FUND • WELFARE FUND RETIREE WELFARE PLAN
VACATION SAVINGS PLAN • RETIREMENT ENHANCEMENT FUND**

6150 JOLIET ROAD, COUNTRYSIDE, IL 60525-3994 - PHONE: (708) 482-7300
CLAIMS FAX: (708) 482-3056 - ELIGIBILITY FAX (708) 352-3310 - PENSION FAX (708) 354-7732

JAMES M. SWEENEY, CHAIRMAN / DAVID M. SNELTEN, SECRETARY-TREASURER

TRANSFER AUTHORIZATION FORMS

ENCLOSED PLEASE FIND THE COMPLETE SET OF LOCAL 150 TRANSFER FORMS. PLEASE FILL OUT THE ATTACHED PAPER WORK:

- HEALTH & WELFARE FUND RECIPROCITY FORM,
- LOCAL 150 PENSION TRUST FUND RECIPROCITY FORM AND HAVE NOTARIZED,
- CENTRAL PENSION FUND (MONEY FOLLOWS THE MAN) RECIPROCITY FORM AND HAVE NOTARIZED,
- REF (ONLY FOR THE FOLLOWING LOCALS; 66, 98, 324, 513, 520, & 649) **IF YOU ARE WORKING IN THE ABOVE JURISDICTION OR ARE A MEMBER OF ONE OF THE ABOVE LOCALS THE ANNUITY FUND WILL BE TRANSFERRABLE.**

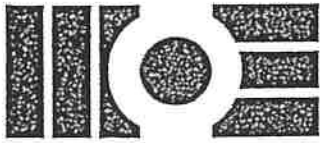
IF YOU HAVE WORKED OR WILL WORK IN THE FUTURE PIPELINE SEE THE ATTACH FORMS, IF NOT, PLEASE DISREGARD.

PLEASE SEND THE FORMS TO THE FOLLOWING ADDRESS:

MIDWEST OPERATING ENGINEERS FRINGE BENEFIT OFFICE
ATTN: ACCOUNTS RECEIVABLE
6150 JOLIET ROAD
COUNTRYSIDE, IL 60525

WE WILL FORWARD THESE FORMS TO THE REQUIRED ADDRESS AND KEEP A COPY OF ALL THE FORMS IN YOUR FILE WITH LOCAL 150 FRINGE BENEFIT ACCOUNTS RECEIVALBE.

If you have any questions, contact Accounts Receivable Department at (708) 579-6620.



Midwest Operating Engineers Fringe Benefit Funds

WELFARE FUND - PENSION TRUST FUND - VACATION SAVINGS PLAN

6150 Joliet Road • Countryside, IL 60525-3994 • (708) 482-7300 • Fax (708) 482-3056

James M. Sweeney, *Chairman*

John E. Kenny, Jr., *Secretary-Treasurer*

MIDWEST OPERATING ENGINEERS LOCAL 150 PENSION TRUST FUND
RECIPROCITY FORM

This will certify that I, _____, am presently eligible or in the process of
(Print name)
establishing eligibility for benefits under the Pension Plan of _____.
(Receiving Fund/Plan)

I hereby elect to continue such eligibility or continue establishing such eligibility, and authorize you to forward any and all employer contributions received on my behalf to my Home Pension Fund/Plan in accordance with the terms of the applicable Reciprocity Agreement. I understand that in consideration of such transfer of employer contributions to my Home Pension Fund/Plan that I waive my right to become eligible for the benefits under the

_____ Pension Fund/Plan and hereby release
(Transferring Fund)

_____ Pension Fund/Plan from any and all liability to my,
(Transferring Fund)

Beneficiaries and/or heirs. I also understand I may terminate this election in the future by written notice to you. If I do terminate this election, I understand that to establish eligibility under the _____ Pension Fund/Plan, I must work in this area the required

(Transferring Fund)

number of hours, or years from and after the date that my election termination is delivered to you.

Signed: _____

Date: _____

Social Security #: _____

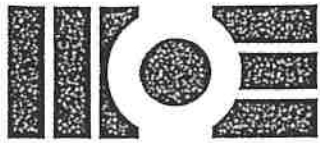
Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Local _____





Midwest Operating Engineers Fringe Benefit Funds

WELFARE FUND - PENSION TRUST FUND - VACATION SAVINGS PLAN

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James M. Sweeney, *Chairman*

John E. Kenny, Jr., *Secretary-Treasurer*

This is to certify that _____ personally known to be the person whose name is subscribed to the foregoing Transfer Authorization Form appeared before me, _____ a Notary Public, this _____ day of _____ and expressly acknowledge to me the execution of said foregoing Transfer Authorization as his/her free and voluntary act, and that they understood the foregoing Transfer Authorization form, and that they intended to be legally bound by the same.

(Notary Public)

Commission Expiration Date

SEAL



MONEY FOLLOWS MAN RECIPROCITY

TO: Board of Trustees
Central Pension Fund of the International Union of
Operating Engineers and Participating Employers
4115 Chesapeake St. NW
Washington, DC 20016

RE: Request for Transfer of Contributions to Home Local Pension Fund

Participant Name

Social Security Number

The above-referenced participant hereby requests and authorizes the Board of Trustees to transfer to my Home Local Pension Fund all eligible contributions made on my behalf to the Central Pension Fund, as of the date this request is received by the Board, and in the future, unless this authorization is revoked in writing. In support of this request, I hereby state as follows:

1. I am a member of IUOE Local No. _____, AFL-CIO and my Union Register No. is _____.
2. My Home Local Pension Fund is _____.
3. I understand that the benefits to which I may be entitled under my Home Local Pension Fund, if my request to transfer is approved, may be less than what I would be entitled to receive if the contributions made on my behalf to the Central Pension Fund remain at the Central Pension Fund.
4. I understand that I have a right to request an estimate of the value of the accrued benefit I have earned with the Central Pension Fund as of this date, before the Board acts upon my request to transfer.

PLEASE CHECK THE APPROPRIATE BOX

- I do not want an estimate before the Board acts upon my request.
- I hereby request an estimate before the Board acts upon my request.

5. I understand that if the Board grants my request, in whole or in part, I cannot later request that any contributions which may be transferred to my Home Local Pension Fund be transferred back to the Central Pension Fund.
6. I acknowledge that I have received and reviewed a copy of the Central Pension Fund's Policies and Procedures for Administering Money Follows the Man Reciprocity. I further acknowledge that I have had at least 30 days to review same and ask any questions I may have before the Board acts upon the transfer request.
7. I acknowledge and agree that if the Board grants my request and transfers contributions to my Home Local Pension Fund, such decision by the Board is final and binding. I waive on my behalf, and my heirs, successors and assigns, any right to receive any accrued benefit from the Central Pension Fund, based upon the contributions and hours of service transferred to my Home Local Pension Fund pursuant to this request.
8. I understand that my Home Local Pension Fund may have imposed time limits upon transferring or accepting contributions under Money Follows the Man Reciprocity and the Central Pension Fund shall not be liable in the event my Home Local Pension Fund rejects my transfer request on the basis of its time limits.

Participant's Signature

Street Address

City, State Zip

Subscribed and sworn to before me this _____ day of _____.

Notary Public



**PENSION TRUST FUND • WELFARE FUND • RETIREE WELFARE PLAN
VACATION SAVINGS PLAN • RETIREMENT ENHANCEMENT FUND**

6150 JOLIET ROAD, COUNTRYSIDE, IL 60525-3994 - PHONE (708) 579-6600
CLAIMS FAX (708) 482-7687 - ELIGIBILITY FAX (708) 352-3310 - PENSION FAX (708) 354-7732

JAMES M. SWEENEY, CHAIRMAN / DAVID M. SNELTEN, SECRETARY-TREASURER

DATE: _____

TO WHOM IT MAY CONCERN:

Re: Retirement Enhancement Fund
Transfer Forms

**THE MIDWEST OPERATING ENGINEERS LOCAL 150 FRINGE BENEFIT OFFICE AND LOCALS 66,
98, 324, 520 AND 649 HAVE SIGNED AN AGREEMENT TO RECIPROCATATE YOUR RETIREMENT
ENHANCEMENT FUND BACK TO THE FOLLOWING LOCAL: 66, 98, 324, 520 and 649.**

Fill out the attached paperwork, have it notarized and keep a copy for your records.

Any questions, please contact the Accounts Receivable Department at (708) 579-6620 between
the hours of 8:00 am and 5:00 pm.



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JAMES M. SWEENEY, CHAIRMAN / DAVID M. SNELTEN, SECRETARY-TREASURER

Midwest Operating Engineers Local 150 REF

(RETIREMENT ENHANCEMENT FUND)

To Trustees:

(NAME OF TRANSFERRING FUND)

This will certify that I, _____, am presently eligible or in the
(PRINT YOUR NAME)

process of establishing eligibility for benefit under the Retirement Enhancement Fund of

_____. I hereby elect to continue such eligibility or continue establishing such
(RECEIVING FUND)

eligibility and authorize you to forward any and all employer contributions received on my behalf to my Home Retirement Enhancement Fund in accordance with the terms of the applicable Reciprocity Agreement.

I understand that in consideration of such a transfer of employer contributions to my Home Retirement Enhancement Fund that I waive my right to become eligible for benefits under the

_____ Retirement Enhancement Fund and hereby release
(TRANSFERRING FUND)

_____ Retirement Enhancement Fund from any and all liability to me,
(TRANSFERRING FUND)

my beneficiaries and/or my heirs. I also understand I may terminate this election in the future by written notice

to you. If I do terminate this election, I understand that to establish eligibility under the _____ Retirement Enhancement Fund, I must work in this area (TRANSFERRING FUND)

the required number of hours or years from and after the date that election termination is delivered to you.



**PENSION TRUST FUND • WELFARE FUND • RETIREE WELFARE PLAN
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JAMES M. SWEENEY, CHAIRMAN / DAVID M. SNELTEN, SECRETARY-TREASURER

SIGNED: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____

HOME LOCAL: _____

This is to Certify that _____ personally known to be
the person whose name is subscribed to the foregoing Transfer Authorization Form Appeared

before me, _____, a Notary Public, this _____

day of _____ and expressly acknowledge to be the execution of said foregoing Transfer
Authorization as his/her free and voluntary act, and that they understood the foregoing Transfer Authorization
Form and those intended to be legally bound by same.

NOTARY PUBLIC

COMMISSION EXPIRATION DATE

SEAL



Pipeline Contribution Transfer Authorization

This authorizes the Trustees of the Central Pension Fund of the International Union of Operating Engineers and Participating Employers (CPF) to transfer to the Local Pension Fund designated below any and all pipeline pension hours and contributions made to CPF by my employers prior to the date of this authorization. I understand this authorization applies only to the contributions received and processed prior to this date, and that I must file a separate authorization for the transfer of any future contributions. I also certify that I am a member of the Local Union No. _____

.....

**Name of Local Pension Fund
to which transfer is authorized** _____

Name of Participant: _____

Social Security Number: _____

Union Register Number: _____

.....

ADDRESS:

Street: _____

City: _____

State: _____

Zip: _____

Signature of Participant

Date Signed

Please be aware that it may take up to 90 days following the completion of a given project for CPF to receive and process all hours and contributions for the project.

**INTERNATIONAL PIPELINE HEALTH & WELFARE
RECIPROCITY AGREEMENT
(PIPELINE MEMBERS ONLY)**

PARTICIPANT NAME (PLEASE PRINT)

SOCIAL SECURITY NUMBER

I request and authorize the Board of Trustees of the Local PIPELINE Health and Welfare Fund to transfer to my Home Health and Welfare fund all contributions made on my behalf to its fund hereafter and within six months prior to the date this authorization request is received by the Fund, unless and until this authorization is revoked in writing. In support of this request, I state as follows:

1. I am a member of IUOE Local No. _____ and my Union Register no. is _____

2. My Home Health and Welfare Fund is _____

3. I understand that, upon approval of my request to transfer. I cannot later request that any contributions which may be transferred to my Home Fund be transferred back to the transferring Fund.

4. I understand that, upon approval of my request to transfer contributions, myself and my dependents' eligibility for benefit and all other participant rights shall be determined exclusively by the terms of my Home Fund's plan and rules, and not by the terms of transferring fund's plan and rules.

5. By making this request, I waive and release on behalf of myself and my dependents, any all claims against both funds and their fiduciaries relation to whether the transfer of contributions is in my or their best interests.

PARTICIPANT'S SIGNATURE

DATE

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER