

Benefit Fund Designation

ERTS (Electronic Reciprocal Transfer System)

While working outside the area of your **home** local, your benefit contributions may be sent to the wrong funds.

In order to designate your benefit contributions to your current benefit fund, you must complete this form and submit it to your **home** local.

ERTS (Electronic Reciprocal Transfer System) Form

Local Unions using this form to gather information must enter the information into ERTS as well as provide login information to member(s) after registration.

*Required Information

First Name* _____

Last Name* _____

Phone Number* _____

Address Line* _____

City* _____

State/Province* _____

ZIP* _____

SSN (USA) (NNN-NN-NNNN)* _____

SIN (Canadian) (NNN-NNN-NNN) _____

(Note: If Canadian identify both SSN (USA) and SIN (Canadian))

IBEW Member Home Local Number* _____

Card Number* _____

Date of Birth* _____

Email Address _____

List Home Fund Designations

| Home Defined Benefit: | 8 th District Pension | N.E.A.P. | Other |
|-----------------------|----------------------------------|----------|-------|
|-----------------------|----------------------------------|----------|-------|

(DB Pension)

| Home Defined Contribution: : 8 th District Annuity | N.E.A.P. | Other |
|---|----------|-------|
|---|----------|-------|

(DC Pension)

| Home Health & Welfare Fund: | Lineco | Other |
|-----------------------------|--------|-------|
|-----------------------------|--------|-------|

As a plan participant in Pension and/or H&W fund(s) signatory to the Electrical Industry Pension Reciprocal and/or the Electrical Industry Health & Welfare Reciprocal Agreements I acknowledge and understand that by filing with and utilizing the IBEW/NECA Electronic Reciprocal Transfer System (ERTS) I am placing on file with ERTS a blanket, or ongoing, Authorization and Release(s) which authorizes a reciprocal transfer as provided in the respective Agreement of monies on my behalf by all funds signatory to the Agreements and that I agree to all the terms contained in the Authorization and Release(s). I acknowledge that this blanket Authorization and Release(s) will remain in effect until cancelled by me pursuant to the terms of the Agreement(s). Moreover, I agree to the legally binding effect of my use of an electronic signature on ERTS.

Date: _____ Signature: _____

Emergency Contact Name _____ Phone _____