

TRANSFER REQUEST AND CONSENT FORM

**TO: BOARD OF TRUSTEES
Southwestern Illinois Laborers' Annuity Fund**

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

**Employers and Laborers Locals 100& 397 Annuity Fund
4940 Washington Avenue
St. Louis, MO 63108
(Home Fund)**

in accordance with a Reciprocal Agreement to which all Funds are party. The Employers and Laborers Locals 100 & 397 Annuity Fund is my "Home Fund". I understand that I will no longer have a claim against your fund(s) 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 hereby release and waive, on behalf of myself, 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 all Funds and the trustees of all 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 such claim.

I understand that I may cancel this request at any time by giving you written notice of such cancellation. I also understand that this request will remain in effect until I revoke this transfer request in writing. My revocation shall be effective when received by Employers' and Laborers' Locals 100 & 397 Annuity Fund or the Southwestern Illinois Laborers Annuity Fund.

Date: _____

Name: _____

Home Local: _____

Social Security Number

Address

City, State, Zip Code

Signature