

THE BAC RECIPROCAL AGREEMENT

EMPLOYEE RECIPROCAL AUTHORIZATION AND RELEASE

The participating defined benefit pension fund (named) _____
receiving contributions for work performed in the jurisdiction _____

The participating defined contribution fund (named) _____
receiving contributions for work performed in the jurisdiction _____

The participating health and welfare fund (named) _____
receiving contributions for work performed in the jurisdiction _____

THE ABOVE IS FOR ANY STATE WORKED OUTSIDE OF CT

This authorization is voluntarily given by me and my instance, and shall remain in full force and effect until I have not worked in the area covered by this pension and/or health and welfare fund(s) for a period of one year or until the last day of the month in which my written request to cancel this authorization is received by the administrator of this pension and/or health and welfare fund(s).

All of the following information must be completed

[]
SIGNATURE _____ DATE _____

NAME (PRINT) _____ PHONE _____

HOME ADDRESS _____
(street) (city) (state, zip)

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____ LOCAL NO _____

[]

1. NAME OF HOME FUND: (defined benefit) Bricklayers & Trowel Trades International Pension Fund

620 F Street, N.W.
Washington, D.C. 20004 _____

2. NAME OF HOME FUND: (defined contribution):

Retirement Savings Plan International Union of Bricklayers & Allied Craftworkers

620 F Street, N.W.
Washington, D.C. 20004 _____

3. NAME OF HOME FUND: (health &welfare)

P.O. Box 5817 Local 1 Connecticut Health Fund
Wallingford, CT 06492