

Plumbers & Pipefitters Local #354 **COMBINED FUNDS**

c/o Beacon Administrators and Consultants Inc.
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Wexford, PA 15090

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Local #354 Transfer of Dollar Credit Bank

I authorize the transfer of the amount listed below from my Dollar Credit Bank to the eligible Participant listed below:

Note: The dollar amount listed must be a minimum of \$1,000.00 Dollar Credits. No transfers are permitted to establish eligibility. No transfers are permitted if the transferee has a Credit Bank balance in excess of the maximum allowed Dollar Credit Bank: (six quarters worth of coverage).

I, (Name of Participant) _____

Social Security # of Participant _____

Transfer the Amount of \$ _____

To, (Name of Transferee) _____

(person receiving transfer)

Social Security # of Transferee _____

Signature of Participant _____ Date _____

WITNESSED BY:

(SIGNATURE OF WITNESS)

(ADDRESS)

(PRINTED NAME OF WITNESS)

THIS FORM MUST BE WITNESSED AND RECEIVED IN THE FUND OFFICE AT LEAST 60 DAYS BEFORE THE NEXT BENEFIT