

International Union of Operating Engineers Benefit Plans of Eastern Pennsylvania and Delaware

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JOHN HEENAN, Administrator



Transfer Authorization Form

NAME: _____ SOC. SEC. NUMBER: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

HOME LOCAL NUMBER/ADDRESS: _____

HOME LOCAL BENEFIT FUNDS OFFICE:

ADDRESS: _____

TELEPHONE NUMBER: _____

***PLEASE TRANSFER CONTRIBUTIONS PAID ON MY BEHALF TO THE BENEFIT FUNDS
DESIGNATED ABOVE.***

Signature

Date

**WE WILL TRANSFER YOUR BENEFIT FUND CONTRIBUTIONS TO THOSE FUNDS WITH WHOM
WE HAVE A RECIPROCITY AGREEMENT.**

FOR ANNUITY FUNDS INFORMATION, CONTACT PRUDENTIAL FINANCIAL AT 1-877-778-2100.