

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: _____
(DB Pension)

Home Defined Contribution: _____
(DC Pension)

Home Health & Welfare Fund: _____

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 :**