SMART MEMBER TRAVELING INFORMATION SHEET

TRAVELER INFORMATION	
Full Legal Name:	Member IA Number:
Date of Birth: SSN:	Dues Paid-Through Date:
Cell Phone: Email Address:	
Street: City	: State: Zip:
Emergency Contact: Ph	one Number: Relationship:
HOME Local Union with Region/Zone/Area:	Home Local Phone:
Yes No Health & Welfare:	
Yes No 401k/Annuity:	
Yes No Local Pension:	
Yes No National Pension:	
Yes No SASMI:	
DESTINATION Local Union with Region/Zone/Area:	Destination Local Phone:
Destination Local Union Contact Person:	Cell Phone:
Contractor: Onsite	e Contact: Cell Phone:
Jobsite:	
Location:	
Start Date: End Date (if known):
ADDITIONAL INFORMATION: Must carry Photo ID, Current Offici	al Dues Receipt, and any other information specified by Destination Local.
Is this a JOB BANK Request?	Νο
Is SASMI Guaranteeing 30 days?	No
Is there a SMART Travel Incentive?	No Amount:
Is Contractor Offering Per Diem?	No Amount:
Is Destination Local Offering Per Diem?	No Amount:

	RE FUND RECIPROCA	AL AGREEMENT / AU	ITHORIZATION TO TRANSI	FER CONTRIBUTIONS
Full Legal Name:			Member IA Number:	
Date of Birth:	SSN:		Cell Phone:	
Street:		City:	State:	Zip:
Home Local:				
I am temporarily working in t	he jurisdiction of:			
executed agreements betwee behalf to the Cooperating Fur agent of the noted Home Fun hereby release (on behalf of r Trustees of and from all claim benefits or credits which wou	en them permitting the trand nd remitted to my Home H d and as such, I shall be su myself as well as on behalf us, demands, actions, cause Id have accrued or becom	insfer of contributions, to lealth and Welfare Fund ubject to the eligibility ru of anyone claiming thro es of actions or suits with e payable to me had I no	Trustees of my Home Health and b have Health and Welfare Fund I understand that the Cooperat les of said Home Fund upon the ugh me) and further discharge t in respect to any contributions so bit authorized this transfer of cor by not ultimately prove to be to t	contributions paid on my sing Fund will act solely as the transfer of contributions. I the Cooperating Fund and its transferred and for any htributions. I further
DATE SIGNED		JUNATORE		

401K AND/OR ANNUITY FUND RECIPROCAL AGREEMENT / AUTHORIZATION TO TRANSFER CONTRIBUTIONS Full Legal Name: Member IA Number: Date of Birth: Cell Phone: SSN: City: State: Street: Zip: Home Local: I am temporarily working in the jurisdiction of: I understand that the Cooperating Fund will act solely as the agent of my Home Fund and as such, I shall be subject to the eligibility rules of said Home Fund upon the transfer of contributions. I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Cooperating Fund and its Trustees of and from all claims, demands, actions, causes or actions or suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me had I not authorized this transfer of contributions. DATE SIGNED SIGNATURE

PENSION FUND RECIPR SMW National Pe					•		
	Tina Winske,	(703)73	9-7097, twins	ske@smw	nbf.org		
Full Legal Name:				M	ember IA <u>Nu</u>	mber:	
Date of Birth:	SSN:			Ce	ll Phone:		
Street:		City:			State	:	Zip:
Home Local:							
I am temporarily working in the jurisd	liction of:						
I understand that the Cooperating	g Fund will act so	olely as t	he agent of m	y Home Fu	nd and as s	uch, I sha	Ill be subject to the
eligibility rules of said Home Fund behalf of anyone claiming through	-			-	-	-	
demands, actions, causes or actio				-			
which would have accrued or bec	ome payable to	me had	I not authorize	ed this trar	sfer of cont	ribution	
]	
DATE SIGNED		SIG	NATURE			J	
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Full Legal Name:			wor		SESSMEN		
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Date of Birth:]SSN:[City:	WOR	Men	nber IA Numl		
Date of Birth:		City:	WOR	Men	nber IA Numl		
Date of Birth: Street: Home Local: I am temporarily working in the jurisd I hereby, of my own free will an additional of the statement of	liction of:	e my Emp	Dloyer to dedu	Men Ce	nber IA Numl II Phone: State	ber:	zip:
Date of Birth:	liction of:	e my Emp Local Ur	bloyer to deduction for	Men Ce	nber IA Numl II Phone: State	ber:	zip:
Date of Birth: Street: Home Local: I am temporarily working in the jurisd I hereby, of my own free will an additional of the statement of	liction of: ccord, authorize s of Destination onth together wi	e my Emp Local Ur ith a sum	bloyer to deduction for	Men Ce ct from my	nber IA Numl II Phone: State	ber:	zip:
Date of Birth: Street: Home Local: I am temporarily working in the jurisd I hereby, of my own free will an ad worked approved by the member and to forward said sum every mo Administrator of the Funds. This w termination date of the Agreement	liction of: ccord, authorize s of Destination onth together wi voluntary author nt between the l	e my Emp Local Ur ith a sun ization s Local Un	bloyer to deduction for mary of the hishall be irrevoction and the En	Men Ce ct from my ours work able for a nployer, w	hber IA Numl II Phone: State wages the ed during th period of or hichever oc	assessmo assessmo ne month ne (1) yea curs soor	zip:
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Date of Birth: Street: Home Local: I am temporarily working in the jurisd I hereby, of my own free will an ar worked approved by the member and to forward said sum every mo Administrator of the Funds. This w termination date of the Agreement automatically renewed, and shall succeeding applicable Agreement notice is given by mail to the Loca	liction of: ccord, authorize s of Destination onth together wi voluntary author nt between the I be irrevocable for between the Lo il Union and the	e my Emp Local Ur ith a sun ization s Local Un or succes ocal Unio Employe	ployer to deduction for mary of the h shall be irrevoction and the En ssive periods contained the Emp er not less that	Men Ce ct from my ours work able for a nployer, whi of one (1) y ployer, whi o ten (10) o	hber IA Numl II Phone:	ber:	zip: Fur to the officer of the or or until the her, and shall be period of each or, unless written

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