

# Plumbers & Pipefitters Local #354 COMBINED FUNDS

c/o FRANK M. VACCARO & ASSOCIATES, INC.  
6500 Brooktree Road, Suite 205  
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**