

**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: IBEW Local 9 & Outside Contractors Pension Fund

Home Defined Contribution: IBEW Local 9 & Outside Contractors Defined Contribution Pension Fund

Home Health & Welfare Fund: IBEW Local 9 & Outside Contractors Health and 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 :** .....