



To All Steward's

If you have a member from another Local working in Local 798 jurisdiction and the member has not filled out a fringe benefit transfer request card please have him/her do so. Non Local 798 member's benefits will stay at PIBF until this transfer card is received by our office.

The top portion of the card only is to be returned to PIBF by the steward, the bottom portion is to be sent by the member to his/her home local PIBF will not forward this for him/her.

Pipeline Industry Benefit Fund

FRINGE BENEFIT TRANSFER REQUEST

To be filled in by traveling member
and returned to Pipeline Industry
Benefit Fund.

(PLEASE PRINT OR
TYPE ALL INFORMATION)

I, _____ last _____ first _____ middle _____

a member of U. A. Local Union _____, Social Security No. _____

am a ☐ welder ☐ journeyman ☐ helper birthdate _____ sex _____

request that all contributions made by my employer in my behalf to Pipeline Industry Funds be forwarded
and applied to my credit to _____ Fringe Benefit Funds at

_____ address _____ city _____ state _____

I hereby release Pipeline Industry Benefit Fund / Pipeline Industry Pension Fund and their trustees from any and all liability
which they might incur by reason of any loss or damages resulting to me or my dependents by reason of such transfer.

_____ Date _____ Signature of Member _____

_____ Witness _____ © GCU C-651 Form 143 Rev. 8/05

BOTH CARDS MUST BE COMPLETED

FRINGE BENEFIT TRANSFER REQUEST

To be filled in by traveling member
and returned to outside local union.

(PLEASE PRINT OR
TYPE ALL INFORMATION)

I, _____ last _____ first _____ middle _____

a member of U. A. Local Union _____, Social Security No. _____

am a ☐ welder ☐ journeyman ☐ helper birthdate _____ sex _____

request that all contributions made by my employer in my behalf to Pipeline Industry Funds be forwarded
and applied to my credit to _____ Fringe Benefit Funds at

_____ address _____ city _____ state _____

I hereby release Pipeline Industry Benefit Fund / Pipeline Industry Pension Fund and their trustees from any and all liability
which they might incur by reason of any loss or damages resulting to me or my dependents by reason of such transfer.

_____ Date _____ Signature of Member _____

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