

**MACHINISTS, FITTERS AND HELPERS LOCAL #3
PENSION PLAN**

DECLARATION OF APPLICANT ON REMOVAL OF FUNDS

I have read the information and reviewed the options available to me in the “*Retirement, Withdrawal, Termination or Pre-Retirement Death Benefit*” as provided by the Machinists, Fitters and Helpers Local #3 Pension Plan.

I have made an informed decision in electing to transfer the value of my account out of the Machinists, Fitters and Helpers Local #3 Pension Plan.

I realize that such transfer is in full satisfaction of all my rights, benefits and entitlements under the Machinists, Fitters and Helpers Local #3 Pension Plan, and that once the transfer has been made I will not be entitled to any future benefit improvements that may be implemented under the Machinists, Fitters and Helpers Local #3 Pension Plan.

Dated

Signature of Applicant

Name Printed

Signature of Witness

Name Printed