

APPENDIX TO RECIPROCAL AGREEMENT

CONSENT-TO-TRANSFER

I hereby request that the below-named "Transferring Fund" transfer the employer contributions that it has received for work I performed (or pay I received) on or after the Effective Date of the Reciprocal Agreement (September 30, 1998) and that it hereafter receives on my behalf to my "Home Fund" which I have named below.

I have read the Reciprocal Agreement between the Transferring Fund and my Home Fund. I am voluntarily requesting and consenting to the transfer of contributions to my Home Fund, in accordance with that Agreement, because I believe that the transfer is in my best interests.

I understand and agree that:

1. All contributions on my behalf received starting on the effective date of the Reciprocal Agreement by the Transferring Fund before and after I submit this Consent-To-Transfer will be transferred to my Home Fund unless and until I cancel this Consent-To-Transfer or the Reciprocal Agreement is terminated.
2. I am waiving and releasing any right to receive any credit or benefits under the Transferring Fund based on the transferred contributions or for my employment with employers under the Transferring Fund while this Consent-To-Transfer is in effect and not canceled by me.
3. My rights to credit or benefits based on the transferred contributions and my employment with employers under the Transferring Fund for the period while this Consent-To-Transfer is in effect and not canceled by me will be determined solely under my Home Fund's rules and I recognize that I will not be a participant and have no rights in the Transferring Fund based on such contributions and employment.
4. This Consent-To-Transfer will not be effective unless and until it is delivered to the Transferring Fund.
5. I can cancel this Consent-To-Transfer at any time by delivering to the Transferring Fund a written request to cancel. Contributions received by the Transferring Fund after receipt of my written request to cancel will not be transferred to my Home Fund.

The Name of the Transferring Fund is: NATIONAL LABORERS' PENSION FUND

The Name of my Home Fund is: BUFFALO LABORERS'S PENSION FUND

My Name is: _____

My Address is: _____

My Social Security Number is: _____

My Signature is: _____

The Date I Signed is: _____

[END]