

April 2011

TO: All Participants Working Out of IBEW Local 242's and 294's Jurisdiction

Recently the Board of Trustees from the Electrical Workers Pension Plan Parts A, B and C adopted a policy to better meet the needs of members who travel outside our jurisdiction for work and into an area that only has one pension plan. The purpose of this Policy, as further explained in this letter, is to allow the traveling member the ability to accumulate vesting and benefit credits in the Defined Benefit Part A Pension Plan even though a reciprocal local may only have one pension plan.

Your Home Fund consists of a Defined Benefit Plan (Part A) and a Defined Contribution Plan (Part B for 242 members and Part C for 294 Members). Part A is your regular Pension Plan and the benefits you receive upon retirement are based on credits received for years of service. Part B or Part C is your Supplemental Pension Plan and the benefits you will receive upon retirement from these Plans are based on the actual amount contributed to your own separate account within the Plans.

Your signature on the Authorization Release Form will allow the Fund Office to allocate your reciprocal contributions as follows:

If you are working in another IBEW Local's jurisdiction which only has a:

1. Defined benefit plan with a contribution rate
 - a) equal to or less than our rate, the reciprocal contributions will be credited towards Part A on a proportional basis, or
 - b) greater than our rate, Part A will be made complete first with the excess contributions placed in your Part B or Part C account.

2. Defined contribution plan with a contribution rate
 - a) equal to or less than our Part A rate, the reciprocal contributions will be credited to Part A on a proportional basis, or
 - b) greater than our rate, Part A will be made complete first with the excess contributions placed in your Part B or Part C account.

If you are working in another IBEW Local's jurisdiction which has both defined benefit and defined contribution plans, the reciprocal contributions will be credited toward your defined benefit plan on a proportional basis with any excess placed in your defined contribution plan.

This Authorization Release Form will only effect future reciprocal payments made on your behalf and would remain in effect until you notify the Electrical Workers Pension Fund in writing to the contrary. If you wish to have your reciprocal contributions allocated as explained

in this letter please sign below and return a copy of this letter to the Fund Office. If you have any questions, please call (218) 728-8314.

Sincerely,

Board of Trustees
Electrical Workers Pension Fund

AUTHORIZATION RELEASE FORM

I acknowledge having read the above-explanation to allocate my reciprocal contributions to the extent set forth in this policy. I understand that although this policy may increase my vesting or benefit credit to Part A , it may also decrease contributions to Part B or C and I release the Board of Trustees from any claim in that regard.

I understand that this Authorization Release Form will remain in effect until I notify the Fund Office in writing to the contrary.

Yes I accept the terms and conditions of this policy as set forth above.

No, I don't accept the terms and conditions of this policy.

Print Name: _____

Social Security No. _____

Signature: _____

Date: _____