



Electronic Reciprocal
Transfer System



PARTICIPANT REGISTRATION

*** Required information**

* First Name _____

* Last Name _____

* Phone Number _____

* Address 1 _____

Address 2 _____

* City _____

* State/Province _____

* Zip Code _____

Social Security Number _____

Social Insurance Number (Canada only) _____

IBEW Member's Home Local Union Number _____

IBEW Card Number _____

Date of Birth (MM/DD/YY) _____

Email Address _____

Please Note:

- If Canadian, please identify **both** SSN and SIN.
- A Personal identification Number will be sent to the member's home address as listed above.
- all applicants must identify both an IBEW Home Local union Number and an IBEW Card number of applicable.

List of Home Fund Designations

Defined Benefit (Local Number) _____

Defined Benefit Pension Fund Name _____

Home Defined Contribution (Local Number) _____

Home Defined Contribution Pension Fund Name _____

Home Health and Welfare Fund (Local Number) _____

Home Health and Welfare Fund Name _____

Signature: _____ Date: _____