BRICKLAYERS AND ALLIED CRAFTSMEN DEFINED BENEFIT PENSION TRUST FUND CONTRIBUTION RECIPROCITY AGREEMENT

EXHIBIT A – DESIGNATION OF HOME TRUST

I, _____[print name], do hereby designate the

[specify name of trust] as my "Home Trust" under the Bricklayers And Allied Craftsmen Defined Benefit Pension Trust Fund Contribution Reciprocity Agreement. I understand that all contributions made on my behalf to any other defined benefit pension trust associated with Bricklayers And Allied Craftsmen Local Union No. 3 will now be transferred to my Home Trust, subject to the conditions set forth below.

Once a trust has transferred contributions to my Home Trust on my behalf, the transferring trust will have no further liability to me with respect to those contributions. All liability for the transferred contributions will be assumed by the Home Trust.

I understand that I will be subject to the rules of the Home Trust's defined benefit plan pertaining to vesting, eligibility, participation, breaks in service and the form and timing of the payment of benefits, and all other terms and conditions of the plan. The Home Trust's plan rules will determine my rights with respect to all funds received on my behalf by the Home Trust, even if the rules of a transferring trust's defined benefit plan would have been more favorable to me. I waive all of my rights to a transferring trust's plan rules, and I authorize the transfer of contributions with this understanding.

I understand that I am not <u>required</u> to make this designation in order to receive benefits from any defined benefit plan maintained by any trust signatory to the Bricklayers And Allied Craftsmen Defined Benefit Pension Trust Fund Contribution Reciprocity Agreement. If I do not make this designation, I will receive benefits provided by the plan sponsored Trust designated in the collective bargaining agreement under which I am working, according to its terms.

The effective date of this Designation of Home Trust is the date I deliver this signed designation to the administrator for the Home Trust.

I understand that I may terminate this designation at any time. The termination will be effective within 30 days after the Home Trust receives my signed Revocation of Designation of Home Trust. Upon the termination of this designation, the Home Trust shall retain all funds previously received by it from any other trust.

Signature

Date

Soc. Sec. No.

DELIVER THIS FORM TO THE HOME TRUST ADMINISTRATION OFFICE IMMEDIATELY AFTER SIGNING