

Exhibit A

**DESIGNATION OF HOME TRUST**

I, \_\_\_\_\_, do hereby designate the

[specify name of trust] \_\_\_\_\_ as my "Home Trust" in which I hereby elect to maintain my individual account in a defined contribution plan and to which I hereby direct the transfer of my accounts held by any other trust associated with Bricklayers And Allied Craftsmen Local Union No. 3 subject to the conditions set forth below.

Pursuant to this designation, I understand that all employer contributions credited to my account in any defined contribution plan maintained by any trust signatory to the "Bricklayers And Allied Craftsmen Defined Contribution Pension Rollover And Transfer Agreement" which has not been designated as my Home Trust shall be transferred to the Home Trust whether such contributions were previously, or are now or hereafter received by such other trusts if those employer contributions are fully vested under the terms of the defined contribution plans maintained by each respective transferring trust. Upon the transfer by any trust to the Home Trust of my vested account the transferring trust shall have no further liability to me and all liability for such transferred contributions shall be assumed by the Home Trust.

The effective date of this designation of Home Trust is the date I deliver this designation to the administrator for the Home Trust. In the event the transfer of my account is to be effective at other than the annual date on which individual accounts held in the defined contribution plan of the transferring trusts are credited with their share of earnings, losses or expenses of their respective defined contribution plans, I hereby waive any claim or right I may have to investment earnings at the next succeeding valuation date. I understand that the transferring trust will waive any charges against me for my share of its defined contribution plan's expenses or losses incurred since the valuation date last preceding this designation. The transferring trust may charge my account with a one-time \$25.00 fee for the initial transfer of the my account to the Home Trust. In addition, the transferring trust may deduct from its payments on my account to the Home Trust, my pro-rated share of the costs to the transferring trust of the collection of the employer's contributions, if any, for hours which I worked.

The rules pertaining to vesting, eligibility, participation, breaks in service and the form and timing of the payment of benefits and other terms and conditions of the defined contribution plan maintained by only the Home Trust shall determine my rights as to

all funds received in my account by the Home Trust, even if such rules are more favorable to me in a defined contribution plan maintained by a transferring trust. I understand that the transfer that I am hereby authorizing may result in my account being subject to plan rules, such as vesting, eligibility for and types of retirement benefits, participation, break-in-service and the form and timing of the payment of benefits, as well as other terms and conditions, which may be less favorable to me than those rules to which my account may be subject if my account remained in the transferring trust. I waive all of my rights to those more favorable plan rules and I do authorize the transfer of my account with this understanding.

I understand that there may be a delay between the time that the employer contributions are received by a transferring trust and the date they are credited to my account by the Home Trust and that no earnings will be received on such contributions until they are credited to my account by the Home Trust. I hereby release the transferring trust from liability for any such lost earnings if the funds are sent to the Home Trust within the later of:

- (i) 60 days following the effective date of this designation or
- (ii) 60 days following the later of
  - (a) receipt of any employer contributions which would be otherwise credited to my individual account in the defined contribution plan maintained by the transferring trust or
  - (b) the date on which the employer contributions credited to my individual account in the defined contribution plan maintained by the transferring trust are fully vested under the terms of that plan or
  - (c) the date the Trustees of the transferring trust decide, in their sole discretion, that the liquidity of the transferring trust permits this requested transfer.

I hereby release the Home Trust from liability for any such lost earnings if the transfer is credited to my individual account in the defined contribution plan maintained by the Home Trust within the later of 45 days following the effective date of this designation or 15 days following the receipt by the Home Trust of funds transferred from a transferring trust.

I understand that I am not required to make this designation in order to receive benefits from any defined contribution plan maintained by any trust signatory to the "Bricklayers And Allied Craftsmen Defined Contribution Pension Reciprocity Agreement".

I understand that I may terminate this designation at any time. Such termination shall be effective within 30 days of receipt by the Home Trust of written termination of this designation. Upon the termination of this designation, the Home Trust shall retain in my individual account in the defined contribution plan maintained by the Home Trust all funds previously received by it from any other trust and I shall have such other accounts, if any, in other trusts as I may become entitled to.

Select one:

I have never been married.

I am now or I was previously married. The dates of my marriage(s) are:\_\_\_\_\_

\_\_\_\_\_ Date:\_\_\_\_\_
Participant Social Security #

I hereby consent to the above-stated designation and all terms and conditions set forth therein.

\_\_\_\_\_ Date:\_\_\_\_\_
[Spouse notarized signature required]

State of California
County of San Francisco

On this \_\_day of \_\_\_\_\_in the year \_\_

before me the undersigned, a notary public in and for the State of California, personally appeared \_\_\_\_\_ known to me\proven to me to be the person who executed the within instrument.

\_\_\_\_\_
Notary Public for the State of California My commission expires: