JLMC Trust Fund Initiative

Participation Agreement

Fund Name _____

Mailing Address _____

Primary Contact Name _____

Phone _____ **Fax** _____

E-mail _____

Type of Plan (select all that apply)

☐ Defined Benefit Pension ☐ Defined Contribution Pension ☐ Health and Welfare

☐ Other (please describe): _____

Number of Active Participants _____

Total Net Assets _____

For Pension Funds Only

Number of retirees: _____

Number of Deferred Vested Participants: _____

Board of Trustees and their affiliations (attach additional sheet if necessary)

_____

_____

_____

_____

Scheduled Trust Fund Meeting Dates _____

Annual Membership Fee _____

Annual membership fee is 50 cents per member as reported on Form 5500 with an annual minimum of $2,500 and maximum of $9,500.

Agreement for 2009, 2010 and 2011

The Trust Fund or employee Benefit Plan identified above hereby applies for membership in the JLMC Benefits Committee's Trust Fund Initiative and agrees to pay the annual membership fees now and in 12 month intervals thereafter.

The Participation Agreement may be terminated with thirty days written notice at the end of each calendar year. Absent such notice, the agreement will be renewed.

_____ _____

Union Trustee *Date* *Employer Trustee* *Date*

Joint Labor Management Committee for the Food Industry
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