

**Electronic Reciprocal Transfer System (ERTS)  
Participant Registration**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

SSN (USA): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

IBEW Card Number: \_\_\_\_\_

IBEW Home Local Union Number: \_\_\_\_\_

**List of Home Fund Designations\***

Home Defined Benefit (DB) Pension Fund: \_\_\_\_\_

Home Defined Contribution (DC) Pension Fund: \_\_\_\_\_

Home Health & Welfare Fund: \_\_\_\_\_

\*Note: If unknown, leave blank.