



Transfer of Assets & Records  
 Local # \_\_\_\_\_

Pursuant to the SMART Constitution's Article 21B, Section 57, as follows:

*"Local Officers, Committeepersons, Legislative Representatives and Delegates upon leaving office must promptly transfer all property, funds, securities, equipment and other effects of their office to their successor. Any member failing to comply with the provisions of this paragraph shall be suspended from membership in SMART."*

**From Outgoing Officer:**

\_\_\_\_\_  
*Name/Officer Position (print)*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City, ST, Zip Code*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Signature* Date:

**Assets & Records Transferred:**

Per IRS and DOL Guidelines, 7 years plus the current year of records must be maintained, some records must be maintained forever. Please consult the "UTU Retention Periods" document for further guidance.

- |                                                            |                                                                   |                                                               |
|------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> WinStabs Data/Financial Ledgers   | <input type="checkbox"/> Sign-in Registers                        | <input type="checkbox"/> External Hard Drives/Storage Devices |
| <input type="checkbox"/> Check Book/Register/Voided Checks | <input type="checkbox"/> Financial Records                        | <input type="checkbox"/> File Cabinets/Furniture              |
| <input type="checkbox"/> Meeting Minutes                   | <input type="checkbox"/> Annual/Quarterly Reports                 | <input type="checkbox"/> Other: _____                         |
| <input type="checkbox"/> Local Bylaws                      | <input type="checkbox"/> User names/Passwords for Online Accounts | _____                                                         |
| <input type="checkbox"/> Receipts/Expense Claims           | <input type="checkbox"/> Computers/Printers                       | _____                                                         |

**To Incoming Officer:**

\_\_\_\_\_  
*Name/Officer Position (print)*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City, ST, Zip Code*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Signature* Date: