

Middle Tennessee Carpenters and Millwrights Pension Fund
Millwrights Local 1554 Supplemental Pension Fund

C/O Southern Benefit Administrators, Incorporated
P.O. Box 1449
Goodlettsville, TN 37070-1449
Fax: (615) 859-0201

RECIPROCAL TRANSFER NOTIFICATION

Name _____ Social Security # _____

Street Address _____

City _____ State _____ Zip Code _____

Member of Local Number _____ Located at _____

Working in jurisdiction of Local Number _____

Located at _____

CHECK THE APPROPRIATE BOX

This authorizes the _____ (fund name(s)
where work is performed) to transfer to my home funds, the Middle Tennessee
Carpenters and Millwrights Pension Fund **and** Millwrights Local 1554 Supplemental
Pension Fund any and all contributions made.

This authorizes the Middle Tennessee Carpenters and Millwrights Pension Fund
and Millwrights Local 1554 Supplemental Pension Fund to transfer to my home
fund _____, any and all contributions made.

SIGNED _____ DATED _____