

Tri-State Carpenters & Millwrights 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 __1554__ Located at: __Nashville, TN__

Working in jurisdiction of Local Number_#_____

Located at: _____

CHECK THE APPROPRIATE BOX

This authorizes the _____ funds)where work is performed) to transfer to my home funds, the Tri-State Carpenters and Millwrights Pension Fund any and all contributions made.

This authorizes the Tri-State Carp. & Mwts Pension Plan__to transfer to my home fund_____, any and all contributions made.

SIGNED_____ DATED_____