



Mid-South Carpenters Regional Council Health and Welfare Fund
C/O Southern Benefit Administrators, Incorporated
P.O. Box 1449
Goodlettsville, TN 37070-1449
800-831-4914 Fax: (615) 859-6792

RECIPROCAL TRANSFER NOTIFICATION

Name _____ Social Security # _____

Street Address _____ Phone# _____

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 Mid-South Carpenters Regional Council Health and Welfare Fund any and all contributions made.

This authorizes the Mid-South Carpenters Regional Council Health and Welfare Fund to transfer to my home fund _____, any and all contributions made.

SIGNED _____ DATED _____