

Mid-South Carpenters Regional Council Health and Welfare 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 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 \_\_\_\_\_