



**Oklahoma/Arkansas Carpenters Health and Welfare Fund
and
Arkansas Carpenters Annuity Fund**

**C/O Southern Benefit Administrators, Incorporated
P.O. Box 1449
Goodlettsville, TN 37070-1449
Fax: (615) 859-6792 Phone: (615) 859-0131**

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
Oklahoma/Arkansas Carpenters Health Fund and Welfare and Arkansas Carpenters
Annuity Fund any and all contributions made.

This authorizes the Oklahoma/Arkansas Carpenters Health and Welfare Fund and
Arkansas Carpenters Annuity Fund to transfer to my home fund, _____
_____ any and all contributions made.

SIGNED _____ DATED _____