

MILLWRIGHT LOCAL UNION 1263
Southeastern Carpenters and Millwrights Health & Pension Plans
Southern Benefit Administrators, Incorporated
P.O. Box 1449
Goodlettsville, Tennessee 37070-1449
Phone: (615) 859-0131 Fax: (615) 859-0201

RECIPROCAL TRANSFER NOTIFICATION

Name: _____ Social Security No: _____-_____-_____

Your Street Address: _____

Your City: _____ State: _____ Zip: _____

Your Local Union # _____ Your Telephone No: _____

This Authorizes the _____
(fund name(s) where work is performed) to transfer to my home funds, the Southeastern Carpenters
and Millwrights Health and Pension Trusts any and all contributions made.

This Authorizes the Southeastern Carpenters and Millwrights Health and Pension Trust to
transfer to my home fund, _____
any and all contributions made.

Home Fund: _____

Address of Home Fund: _____

City: _____ State: _____ Zip: _____

Signature of Participant: _____ Date: _____

**NOTE TO MEMBER: SEND THIS FORM TO THE LOCAL OR
THE LOCAL'S BENEFIT FUND IN THE AREA WHERE YOU WERE WORKING.**