



**Central South Carpenters and Millwrights  
Defined Contribution Fund**

C/O Southern Benefit Administrators, Incorporated  
P.O. Box 1449  
Goodlettsville, TN 37070-1449  
Phone: 800-831-4914 Fax: (615) 855-6105

RECIPROCAL TRANSFER NOTIFICATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_ Phone# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Member of Local Number 216 Located at Fort Smith Arkansas

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 Central South Carpenters and Millwrights Defined Contribution Fund any and all contributions made.

This authorizes the Central South Carpenters and Millwrights Defined Contribution Fund to transfer to my home fund, \_\_\_\_\_, any and all contributions made.

SIGNED \_\_\_\_\_

DATED \_\_\_\_\_