



OKLAHOMA/ARKANSAS CARPENTERS HEALTH AND WELFARE FUND AND
CENTRAL SOUTH CARPENTERS AND MILLWRIGHTS DEFINED CONTRIBUTION FUND

c/o Southern Benefit Administrators
P.O. Box 1449
Goodlettsville, TN 37070-1449
Fax: (615) 855-6105 Phone: (615) 859-0131

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
Oklahoma/Arkansas Carpenters Health and Welfare Fund and Central South Carpenters
and Millwrights Defined Contribution Fund.

This authorizes the Oklahoma/Arkansas Carpenters Health and Welfare Fund and
Central South Carpenters and Millwrights Defined Contribution Fund to transfer to my
home fund, _____ any and all
contributions made.

SIGN _____ DATED _____