

**Mid-South Carpenter Regional Council Health and Welfare Fund
Middle Tennessee Carpenters and Millwrights Pension Fund
Millwright Local Union 1554 Supplemental Pension Fund**

In order to pull your benefit funds back to the Mid-South Carpenter Regional Council Health and Welfare Fund / Middle Tennessee Carpenters and Millwrights Pension Fund / Millwright Local Union 1554 Supplemental Pension Fund when you work outside of the covered area (Tennessee Area 8, 10 and 11) you will need to submit (the following form) **Mid-South Carpenter Regional Council Health and Welfare Fund / Middle Tennessee Carpenters and Millwrights Pension Fund / Millwright Local Union 1554 Supplemental Pension Fund** reciprocal to:

**Mid-South Carpenter Regional Council Health and Welfare Fund
Middle Tennessee Carpenters and Millwrights Pension Fund
*Millwright Local Union 1554 Supplemental Pension Fund***

C/O Southern Benefit Administrators
P.O. Box 1449
Goodlettsville, TN 37070-1449
Phone: [615-859-0131](tel:615-859-0131)
Toll Free: [1-800-831-4914](tel:1-800-831-4914)
Fax: [1-615-859-0818](tel:1-615-859-0818)



**Mid-South Carpenters Regional Council Health and Welfare Fund
Middle Tennessee Carpenters & Millwrights Pension Fund And
Millwright Local Union No. 1554 Supplemental Pension Fund
C/O Southern Benefit Administrators, Incorporated
P.O. Box 1449
Goodlettsville, TN 37070-1449
Fax: (615) 859-6792**

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 Mid-South Carpenters Regional Council Health and Welfare Fund, Middle Tennessee Carpenters & Millwrights Pension Fund And Millwright Local Union No. 1554 Supplemental Pension Fund** any and all contributions made.

This authorizes the Mid-South Carpenters Regional Council Health and Welfare Fund, Middle Tennessee Carpenters & Millwrights Pension Fund and Millwright Local Union No. 1554 Supplemental Pension Fund to transfer to my home fund _____, any and all contributions made.

SIGNED _____ DATED _____