

**Mid-South Carpenters Regional Council Health and Welfare Fund
And Tri-State Carpenters & Joiners Pension Plan And
Millwright Local Union No. 1554 Supplemental Pension Fund**

In order to pull your benefit funds back to the Mid-South Carpenters Regional Council Health and Welfare Fund, Tri-State Carpenters & Joiners Pension Plan and the Millwright Local Union No. 1554 Supplemental Pension Fund when you work outside of the covered area (Tennessee Area 8, 9, 10, and 11) you will need to submit (the following form) **Mid-South Carpenters Regional Council Health and Welfare Fund / Tri-State Carpenters & Joiners Pension Plan and Millwright Local Union No. 1554 Supplemental Pension Fund** reciprocal to:

**Mid-South Carpenters Regional Council Health and Welfare Fund
Tri-State Carpenters & Joiners Pension Plan And
Millwright Local Union No. 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
Tri-State Carpenters & Joiners Pension Plan And
Millwright Local Union No. 1554 Supplemental Pension Fund**

C/O Southern Benefit Administrators, Incorporated

P.O. Box 1449

Goodlettsville, TN 37070-1449

800-831-4914 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, Tri-State Carpenters & Joiners Pension Plan 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 and Tri-State Carpenters & Joiners Pension Plan to transfer to my home fund _____, any and all contributions made.

SIGNED _____ DATED _____