



**Carpenters Labor Management Pension Fund
Construction Industry Pension Plan
C/O Southern Benefit Administrators, Inc.
PO Box 1449
Goodlettsville TN 37070-1449
Phone (615) 859-0131
Toll Free (800) 831-4914
Fax (615) 859-0324**

RECIPROCAL TRANSFER NOTIFICATION

To the Board of Trustees of _____

I hereby request the transfer of all Pension Contributions Made on my behalf by participating employers to my Home Fund:
Carpenters Labor-Management Pension Fund
Southern Benefit Administrators
PO Box 1449
Goodlettsville TN 37070-1449

I understand that this authorization is to remain in effect until revoked by me writing. I further understand that this authorization will automatically cancel after two continuous years of no contributions being receive and transferred by this agreement and/or if my Membership is transferred to a local not participating in my Home Fund.

I understand that if this request is approved and the transfer is made, I shall no longer have Any claim on your Fund for said contributions and/or for any benefits which otherwise might Accrue under your Fund to my benefits or the benefit of my survivors or beneficiaries based upon said contributions and that my eligibility for any benefits based on said contributions shall be determined solely in accordance with contribution s shall be determined solely in accordance with the provisions of the Pension Plan established by my Home Fund.

In the transfer of such contributions to my Home Fund, in accordance with this Agreement, I hereby release you or your successors from any future claims based upon said contributions Which might have arisen had this transfer request not been effected. (Return Form to the Pension Office Above)

Name(Print) _____ Social-Security# _____

Street Address _____ Phone # _____

City _____ State _____ Zip Code _____ Home Local# _____

Location of Work: _____ Outside Local _____ Start Date _____

SIGNED _____ DATED _____