



**Oklahoma/Arkansas Carpenters Health and Welfare Fund
 Central South Carpenters and Millwrights Defined Contribution Fund
 Carpenters Labor-Management Pension Fund**

P.O. Box 1449
 Goodlettsville, TN 37070-1449
 Phone: 800-831-4914 Fax: 615-855-6105

Reciprocal Request Notification
(must be completed in its entirety)

Participant Information

Social Security Number	
Name	
Street Address	
City, State, Zip Code	
Phone Number	

Home Fund Information

Home Local Union Number	216
Name of Home Health Fund	Oklahoma/Arkansas Carpenters Health & Welfare Fund
Name of Defined Contribution Fund	Central South Carpenters & Millwrights Defined Contribution Fund
Name of Pension Fund	Carpenters Labor Management Pension Fund

Cooperating Outside Fund Information (local where work was performed outside your home local)

Outside Local Union Number	
Name of Outside Health Fund	
Name of Defined Contribution Fund	
Name of Pension Fund	

I hereby elect to have contributions paid on my behalf to the Cooperating Outside Fund(s) sent to my Home Fund(s). This authorization shall continue until revoked by me in writing and delivered to the Home Fund(s) and the Outside Fund(s).

Participant's Signature _____ **Date** _____