



**Middle Tennessee Carpenters & Millwrights Pension Fund
C/O Southern Benefit Administrators, Incorporated
P.O. Box 1449
Goodlettsville, TN 37070-1449
Fax (615) 859-6792 Phone (615) 859-0131**

RECIPROCAL TRANSFER NOTIFICATION

Name _____ Social Security # _____

Street Address _____

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 Middle
Tennessee Carpenters & Millwrights Pension Fund any and all contributions made.

This authorizes the Middle Tennessee Carpenters & Millwrights Pension Fund
to transfer to my home fund

_____,
any and all contributions made.

SIGNED _____ DATED _____