



**Tri-State Carpenters & Joiners Pension Plan  
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 Tri-State  
Carpenters & Joiners Pension Plan any and all contributions made.

This authorizes the Tri-State Carpenters & Joiners Pension Plan to transfer to my  
home fund, \_\_\_\_\_,  
any and all contributions made.

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_