

**SOUTHEASTERN CARPENTERS, MILLWRIGHTS**  
**AND CONTRIBUTING EMPLOYERS ANNUITY**  
**FUND**

Southern Benefit Administrators, Incorporated  
P.O. Box 1449  
Goodlettsville, Tennessee 37070-1449  
(615) 859-0131

RECIPROCAL TRANSFER NOTICE

TO: \_\_\_\_\_

NAME: \_\_\_\_\_ S.S. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MEMBER OF LOCAL # \_\_\_\_\_ LOCATED AT: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_

This will serve as notice that I am a member of a Local Union participating in the Southeastern Carpenters Millwrights and Contributing Employers Annuity Fund and am entitled to a transfer of all employer contributions paid to the Local Fund in my behalf to the Southeastern Carpenters, Millwrights and Contributing Employers Annuity Fund.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_