

**SOUTHEASTERN CARPENTERS, MILLWRIGHTS
AND CONTRIBUTING EMPLOYERS HEALTH &
WELFARE 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 Health and Welfare Fund.

SIGNED: _____ DATE: _____