

**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

Name _____ S.S. _____

Local Union where work is being Performed _____

Located At: _____

Present Employer _____

This will serve as notice that I am a member of A Local Union Participating in the

and am entitled to a transfer of all employee contributions paid to the
Southeastern Carpenter, Millwrights and Contributing Employees Annuity Fund.

My Home Fund address is:

SIGNED: _____ DATE: _____