



**Central South Carpenters and Millwrights  
Defined Contribution Fund**

C/O Southern Benefit Administrators, Incorporated  
P.O. Box 1449  
Goodlettsville, TN 37070-1449  
Fax: (615) 855-6168 Phone (615) 859-0131 or (800) 831-4914

RECIPROCAL TRANSFER NOTIFICATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_ Phone# \_\_\_\_\_

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 Central South Carpenters and Millwrights Defined Contribution Fund any and all contributions made.

This authorizes the Central South Carpenters and Millwrights Defined Contribution Fund to transfer to my home fund, \_\_\_\_\_, any and all contributions made.

**\*SIGNED** \_\_\_\_\_

DATED \_\_\_\_\_



**Oklahoma/Arkansas Carpenters Health and Welfare Fund  
and  
Central South Carpenters & Millwrights Defined Contribution Fund**

**C/O Southern Benefit Administrators, Incorporated  
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RECIPROCAL TRANSFER NOTIFICATION

Name \_\_\_\_\_ Social Security \_\_\_\_\_

Street Address \_\_\_\_\_ Phone# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Member of Local Number \_\_\_\_ Located at \_\_\_\_\_

Working in jurisdiction of Local Number \_\_\_\_\_

Located \_\_\_\_\_

CHECK THE APPROPRIATE BOX

This authorizes the \_\_\_\_\_  
(fund name(s) where work is performed) to transfer to my home funds, the  
Oklahoma/Arkansas Carpenters Health Fund and Welfare and Central South Carpenters  
and Millwrights Defined Contribution Fund.

This authorizes the Oklahoma/Arkansas Carpenters Health and Welfare Fund and  
Central South Carpenters and Millwrights Defined Contribution Fund to transfer to my  
home fund, \_\_\_\_\_ any and all  
contributions made.

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



**Oklahoma/Arkansas Carpenters Pension Fund  
C/O Southern Benefits  
P O Box 1449  
Goodlettsville TN 37070-1449  
Fax (615) 855-6168 Phone (615) 859-0131 or (800) 831-4914**

### RECIPROCAL TRANSFER NOTIFICATION

To the Board of Trustees of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby request the transfer of all Pension Contributions Made on my behalf by participating employers to my Home Fund:  
Carpenters Labor-Management Pension Fund  
Southern Benefits  
P O Box 1449  
Goodlettsville TN 37070-1449

I understand that this authorization is to remain in effect until revoked by me writing. I further understand that this authorization will automatically cancel after two continuous years of no contributions being receive and transferred by this agreement and/or if my Membership is transferred to a local not participating in my Home Fund.

I understand that if this request is approved and the transfer is made, I shall no longer have Any claim on your Fund for said contributions and/or for any benefits which otherwise might Accrue under your Fund to my benefits or the benefit of my survivors or beneficiaries based upon said contributions and that my eligibility for any benefits based on said contributions shall be determined solely in accordance with contribution s shall be determined solely in accordance with the provisions of the Pension Plan established by my Home Fund.

In the transfer of such contributions to my Home Fund, in accordance with this Agreement, I hereby release you or your successors from any future claims based upon said contributions Which might have arisen had this transfer request not been effected. (Return Form to the Pension Office Above)

Name(Print) \_\_\_\_\_ Social-Security \_\_\_\_\_

Street Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Local# \_\_\_\_\_

Location of Work: \_\_\_\_\_ Outside Local \_\_\_\_\_ Start Date \_\_\_\_\_

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