



**Oklahoma/Arkansas Carpenters Health and Welfare Fund  
and  
Arkansas Carpenters Annuity Fund**

**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 \_\_\_\_\_ 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  
Oklahoma/Arkansas Carpenters Health Fund and Welfare and Arkansas Carpenters  
Annuity Fund any and all contributions made.

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

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



**Oklahoma/Arkansas Carpenters Pension Fund**  
**C/O Zenith Administrators, Inc.**  
**1300 South Meridian Ave., Suite 125**  
**Oklahoma City, OK 73108**  
**Fax (405-682-2851)**  
**Phone (405) 682-2323 or Toll Free (800) 344-0144**

**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  
Zenith Administrators, Inc.  
1300 S Meridian Ave., Suite 125  
Oklahoma City, OK 73108

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 \_\_\_\_\_