



Reciprocal Transfer Authorization Form

Participant Information

Name _____
Social Security Number _____
Street Address _____
City, State, Zip Code _____
Phone Number _____
Local Union Number _____

Cooperating Outside Fund Information (local where work was performed outside your home local)

Outside Local Union Number _____
Outside Local Union City & State _____
Name of Outside Health Fund _____
Name of Outside Pension Fund _____
Name of Outside Annuity Fund _____

Contributions should be transferred to the Home Funds for (check all that apply):

- Southern District UBC Health Trust
 Carpenters Labor Management Pension Fund
 Southern District UBC Defined Contribution Fund

Contribution should be transferred on behalf of all the above checked Home Funds, and sent to:

Southern Benefit Administrators
P.O. Box 1449
Goodlettsville, TN 37070-1449
Telephone: (800) 831-4914
Fax (615) 855-6105

I hereby elect to have contributions paid on my behalf to the Cooperating Outside Fund(s) sent to my Home Fund(s). This authorization shall continue until revoked by me in writing and delivered to the Home Fund(s) and the Outside Fund(s).

Participant's Signature _____ **Date** _____