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** _____