

MILLWRIGHT LOCAL UNION 1263
Southeastern Carpenters and Millwrights Health & Pension Plans
Southern Benefit Administrators, Incorporated
P.O. Box 1449
Goodlettsville, Tennessee 37070-1449
Phone: (615) 859-0131 Fax: (615) 859-0201

RECIPROCAL TRANSFER NOTIFICATION

Name: _____ Social Security No: _____ - _____ - _____

Your Street Address: _____

Your City: _____ State: _____ Zip: _____

Your Local Union # _____ Your Telephone No: _____

Local Union where you are temporarily working or worked: # _____

Fax: _____ or Contact: _____ City: _____, State: _____

This Authorizes the _____
(fund name(s) where work is performed) to transfer to my home funds, the Southeastern Carpenters
and Millwrights Health and Pension Trusts any and all contributions made. (1263 Member check this
box)

This Authorizes the Southeastern Carpenters and Millwrights Health and Pension Trust to
transfer to my home fund, _____
any and all contributions made. (Travelers check this box)

Home Fund: _____

Address of Home Fund: _____

City: _____ State: _____ Zip: _____

Signature of Participant: _____ Date: _____

1) FILL OUT THIS FORM AND SEND IT TO THE LOCAL OR THE LOCAL'S BENEFIT FUND IN THE AREA WHERE YOU WERE WORKING AS
SOON AS POSSIBLE, KEEP TRACK OF HOW IT GOT THERE, FOR EXAMPLE (FAX CONFIRMATION SHEET OR WHO RECEIVED IT. WRITE IT
DOWN!! KEEP A COPY FOR YOUR RECORDS.

(2)KEEP YOUR CHECK STUBS FOR YOUR RECORDS! THIS IS YOUR PROOF THAT YOU WORKED AND HOW MANY HOURS YOU WORKED.

(3) FOLLOW UP WITH SOUTHERN BENEFITS TO MAKE SURE YOUR CONTRIBUTIONS WERE RECEIVED. 1-800-831-2914