

Southeastern Carpenters and Millwrights Health Plan

c/o Southern Benefit Administrators, Incorporated

P.O. Box 1449

Goodlettsville, Tennessee 37070-1449

1-800-831-4914

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

Street Address \_\_\_\_\_

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

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

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

\_\_\_\_\_

This authorizes the Southeastern Carpenters and Millwrights **Health and Pension** Plans to transfer to my home fund, the \_\_\_\_\_, any and all contributions made.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_