



**Tennessee and North Carolina Carpenters and  
Millwrights Pension Fund**

P.O. Box 1449  
Goodlettsville, TN 37070-1449  
Phone: 800-831-4914 Phone:615-859-0131

**Reciprocal Request Notification**  
**(must be completed in its entirety)**

**Participant Information**

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

**Home Fund Information**

Home Local Union Number	
Name of Home Pension Fund	

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

Outside Local Union Number	
Name of Outside Pension Fund	

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** \_\_\_\_\_