

Florida UBC Health, Florida Carpenters Regional Council Pension Funds
And Florida UBC Supplemental Pension Plan

C/O Southern Benefit Administrators, Incorporated
P.O. Box 1449
Goodlettsville, TN 37070-1449
Fax: (615) 859-0201

RECIPROCAL TRANSFER NOTIFICATION

Name _____ Social Security # _____

Street Address _____

City _____ State _____ Zip Code _____

Member of Local Number _____ Located at _____

Working in jurisdiction of Local Number 2411

Located at 4000 Union Hall Place
Jacksonville, FL. 32205

This authorizes the Florida UBC Health and Welfare Fund, Florida Carpenters Regional Council Pension Funds and Florida UBC Supplemental Pension Plan to transfer to my home fund

, any and all contributions made.

SIGNED _____ DATED _____