

RECIPROCAL TRANSFER NOTICE

NAME _____ S.S.# _____

ADDRESS _____

Member of Local 312

LOCAL UNION WHERE WORK IS BEING PERFORMED _____

LOCATED AT _____

PRESENT EMPLOYER _____

_____ **ELECT** _____ **DO NOT ELECT TO HAVE MY HEALTH FUND CONTRIBUTIONS
REMITTED TO MY HOME FUND.**

HOME HEALTH FUND NAME AND ADDRESS: **Southeastern Carpenters & Millwrights Health Plan**

P.O. Box 1449 Goodlettsville, TN 37070

HOME PENSION FUND NAME AND ADDRESS: **North Carolina Carpenters Fund**

P.O. Box 13487 Roanoke, VA 24034

I understand this transfer will be made only if there are agreements between and among all of the Trust Funds involved providing for such transfers. I understand that the Cooperating Fund(s) will act solely as the agent of the noted Home Fund(s) and as such. I shall be subject to the eligibility rules of said Home Fund(s) upon the transfer of contributions. I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Cooperating Fund(s) and their Trustees of and from all claims, demands, actions or suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me had I not authorized this transfer of contributions. I further recognize that the transfer of contributions to the noted Home Funds may or may not ultimately prove to be to the advantage of myself and/ or my beneficiaries.

Date Signed _____ **Signature** _____