

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 _____ to

Transfer to my home fund, Southeastern Carpenters and Millwrights Health Plan, any and all contributions made

SIGNED _____ DATE _____