



Southern Operators Health Fund
C/O Southern Benefit Administrators, Incorporated
P.O. Box 1449
Goodlettsville, TN 37070-1449
Fax: (615) 859-6792
RECIPROCAL TRANSFER NOTIFICATION

Name _____ Social Security # _____

Street Address _____

City _____ State _____ Zip Code _____

Member of Local **Number** _____ Located at _____

Working in jurisdiction of Local **Number** _____

Located at _____

CHECK THE APPROPRIATE BOX

***(If you want benefits with the pipeline, write "Pipeline" on one of the spaces below)**

This authorizes the _____
(fund name(s) where work is performed) to transfer to my home fund, the Southern
Operators Health Fund any and all contributions made.

This authorizes the **Southern Operators Health Fund** to transfer to my home
fund(s), _____ any and all contributions
made.

SIGNED _____ DATED _____