

**Florida UBC Health Fund, Florida Carpenters Pension Fund
And Florida UBC Supplemental Pension Plan
P.O. Box 1449
Goodlettsville, TN 37070-1449
Fax (615) 859-0201 Phone (615) 859-0131**

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

This authorizes the _____ (fund name(s) where work is performed) to transfer to my home funds, **Florida UBC Health Fund, Florida Carpenters Regional Council Pension Fund and Florida UBC Supplemental Pension Plan** any and all contributions made.

This authorizes the **Florida UBC Health Fund, Florida Carpenters Regional Council Pension Fund and Florida UBC Supplemental Pension Plan** to transfer to my home fund _____, any and all contributions made.

SIGNED _____ DATED _____