

# SOUTH CENTRAL ANNUITY FUND

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Administrative Office  
8441 GuHFrccway, Suite 304  
Houston, TX 77017  
Phone: 713-643-9300  
Toll: 866-236-3148  
Fax: 866-316-4794

## Authorization to Transfer Annuity Contributions

MEMBER NAME: \_\_\_\_\_ SS# \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME LOCAL NUMBER: \_\_\_\_\_

HOME LOCAL UNION TELEPHONE NUMBER: \_\_\_\_\_

Contribution to be transferred (please check):  **ANNUITY**

WORK DATES FROM - TO: \_\_\_\_\_ AWAY LOCAL NUMBER: \_\_\_\_\_

HOME FUND NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP CODE: \_\_\_\_\_

HOME FUND TELEPHONE NUMBER: \_\_\_\_\_

I hereby request and authorize the Board of Trustees of the South Central Annuity Fund to transfer the annuity contributions actually received on my behalf to the Board of Trustees of the above designated Home Fund.

I understand that your Fund will act solely as the agent of my Home Fund and as such, I shall be subject to the eligibility rules and benefit provisions of my Home Fund upon transfer of contributions. I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge your Fund and its Trustees from all claims with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me from your Fund.

RECIPROCITY TRANSFER REQUEST SHOULD BE SENT TO: SOUTH CENTRAL ANNUITY FUND

MEMBER SIGNATURE (REQUIRED)

DATE

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