



Tennessee Valley Operating Engineers 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

This authorizes the _____
(fund name(s) where work is performed) to transfer to my home fund, the **Tennessee Valley Operating Engineers Health Fund** any and all contributions made.

This authorizes the **Tennessee Valley Operating Engineers Health Fund** to transfer for my home fund(s), _____ any and all contributions made.

SIGNED _____ DATED _____