



TENNESSEE VALLEY PAINTERS HEALTH FUND

**C/O Southern Benefit Administrators, Incorporated
P.O. Box 1449
Goodlettsville, TN 37070-1449
Fax: (615) 859-0201**

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 _____

Phone number: _____

**CHECK THE APPROPRIATE BOX
(one box)**

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

This authorizes the Tennessee Valley Painters Health Fund to transfer to my home
fund _____,
any and all contributions made.

SIGNED _____ DATED _____