



**Mid-South Carpenters Regional Council Health and Welfare Fund,
Tennessee/North Carolina Carpenters & Millwrights Pension Fund and
Millwright Local Union No. 1554 Supplemental Pension Fund**

P.O. Box 1449
Goodlettsville, TN 37070-1449
Phone: 800-831-4914 Fax: 615-855-6105

Reciprocal Request Notification
(must be completed in its entirety)

Participant Information

| | |
|------------------------|--|
| Social Security Number | |
| Name | |
| Street Address | |
| City, State, Zip Code | |
| Phone Number | |

Home Fund Information

| | |
|---------------------------|---|
| Home Local Union Number | 1554 |
| Name of Home Health Fund | Mid-South Carpenters Regional Council Health & Welfare Fund |
| Name of Home Pension Fund | TN/NC Carpenters & Millwrights Pension Fund |
| Name of Home Annuity Fund | Millwright Local Union 1554 Supplemental Pension Fund |

Cooperating Outside Fund Information (local where work was performed outside your home local)

| | |
|------------------------------|--|
| Outside Local Union Number | |
| Name of Outside Health Fund | |
| Name of Outside Pension Fund | |
| Name of Outside Annuity Fund | |

I hereby elect to have contributions paid on my behalf to the Cooperating Outside Fund(s) sent to my Home Fund(s). This authorization shall continue until revoked by me in writing and delivered to the Home Fund(s) and the Outside Fund(s).

Participant's Signature _____ **Date** _____