



**Florida UBC Health Fund  
Florida UBC Pension Fund  
Florida UBC Supplemental Pension Fund  
P.O. Box 1449 Goodlettsville, TN 37070  
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 UBC Pension Fund, Florida UBC Supplemental Pension Fund** any and all contributions made.

This authorizes the **Florida UBC Health Fund, Florida UBC Pension Fund, Florida UBC Supplemental Pension Fund** to transfer to my home fund

\_\_\_\_\_, and all contributions made.

SIGNED \_\_\_\_\_

DATED \_\_\_\_\_