

IBEW LOCAL UNIONS SAVINGS & SECURITY PLAN ENROLLMENT FORM

REGISTRATION - Please Print

Name _____ Sex M F Date of Birth _____

Home Address _____ Home Phone _____

City & State _____ Zip _____

Social Security Number _____ Email Address _____

Employer _____ Local Union # _____

Marital Status Single Married Divorced/Widowed Work Phone _____

Beneficiary _____

Beneficiary's Social Security Number _____ Relationship _____

Home Address _____

INVESTMENT DIRECTION

I hereby direct the Plan Administrator to invest my plan contributions as indicated below.
Please indicate the percentage you wish, 1% - 100%.

_____ %	Stable Value Fund
_____ %	PIMCO Total Return Fund
_____ %	PIMCO All Asset Fund
_____ %	Vanguard 500 Index Fund ¹
_____ %	Dodge & Cox Stock Fund
_____ %	Vanguard PRIMECAP Fund ^{1,2}
_____ %	T.Rowe Price Mid-Cap Value Fund
_____ %	Vanguard Explorer Fund ¹
_____ %	Harbor International Fund ³
_____ %	Cohen & Steers Realty Shares Fund
_____ %	Oakmark Equity & Income Fund

100% TOTAL

1 Vanguard has imposed a 60 day Restriction Period on all reinvestments into this fund. Therefore, any money that is moved out of this fund via an interfund transfer or account reallocation will be subject to this restriction period. Please contact a Scarborough representative with any questions you may have on these fund restrictions.

2 A 1% redemption fee will apply on transfers out for assets held in the fund for less than one year.

3 A 2% redemption fee will apply on transfers out for assets held in the fund for less than 60 days.

AUTHORIZATION

I hereby enroll in The IBEW Local Unions Savings and Security Plan.

Signature of Employee

Date

IBEW LOCAL UNIONS SAVINGS & SECURITY PLAN ENROLLMENT FORM INSTRUCTIONS

REGISTRATION - Please Print

Please provide all of the information requested in this area.

Please Note: If you are married, the law states that you must name your spouse as the beneficiary to this account. If you wish to name someone other than your spouse, you must get your spouse's approval to do so. If you wish to name a non-spouse as your beneficiary or wish to name contingent beneficiaries, please contact the Plan Administrator and request a Beneficiary Designation Form.

INVESTMENT DIRECTION

You may invest your payroll deductions in any combination of the eleven funds. Please make your investment in increments of 1%. The total of all percentages must be 100%.

AUTHORIZATION

Sign and date this section and return the enrollment form, via U.S. Mail, to the Plan Administrator:

Scarborough Alliance Corporation

One Bridge Street, Suite 70

Irvington, NY 10533

(914) 591-9200

(800) 223-7608