

# IBEW LOCAL UNIONS SAVINGS & SECURITY PLAN

# ROLLOVER ENROLLMENT FORM

## REGISTRATION - Please Print

Name \_\_\_\_\_ Sex  M  F Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email \_\_\_\_\_

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 funds as indicated below. (Please indicate the percentage you wish, 1% - 100%. The total of all percentages under Pension Cash-out must equal 100%; under Company 401(k) must equal 100%).

### COMPANY 401(k)

_____ %	Stable Value Fund
_____ %	PIMCO Total Return Fund
_____ %	PIMCO All Asset Fund
_____ %	Vanguard 500 Index Fund <sup>1</sup>
_____ %	Dodge & Cox Stock Fund
_____ %	Vanguard PRIMECAP Fund <sup>1,2</sup>
_____ %	T.Rowe Price Mid-Cap Value Fund
_____ %	Vanguard Explorer Fund <sup>1</sup>
_____ %	Harbor International Fund <sup>3</sup>
_____ %	Cohen & Steers Realty Shares Fund
_____ %	Oakmark Equity & Income Fund
100% TOTAL	

### PENSION CASH-OUT

_____ %	Stable Value Fund
_____ %	PIMCO Total Return Fund
_____ %	PIMCO All Asset Fund
_____ %	Vanguard 500 Index Fund <sup>1</sup>
_____ %	Dodge & Cox Stock Fund
_____ %	Vanguard PRIMECAP Fund <sup>1,2</sup>
_____ %	T.Rowe Price Mid-Cap Value Fund
_____ %	Vanguard Explorer Fund <sup>1</sup>
_____ %	Harbor International Fund <sup>3</sup>
_____ %	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.

## INSTRUCTIONS TO YOUR EMPLOYER

Provide your employer with the following information: Name of Bank Trustee: **U.S. Bank N.A.**  
 Name of Qualified Plan: **IBEW Local Unions Savings and Security Plan**

## AUTHORIZATION

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

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

# IBEW LOCAL UNIONS SAVINGS & SECURITY PLAN ROLLOVER ENROLLMENT FORM INSTRUCTIONS

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## 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 rollover in any combination of the eleven funds. Please make your investment in increments of 1%. The total of all percentages must be 100%.

Complete the appropriate section, either Company Savings (matching, 401(k), ESOP, etc.) or Pension Cash-out or both. Each section must total 100%.

## INSTRUCTIONS TO YOUR EMPLOYER

In order for your employer to process your request as a rollover, you must provide them with the name of the qualified plan and its trustee. Generally, the company will forward the check to you and you in turn would forward it to us for deposit to your account. You should then forward that check to Scarborough (at the address below) via overnight mail and Scarborough will reimburse you the overnight mail fee.

Provide your employer with the following information:

1. Name of plan trustee: **U.S. Bank (U.S. Bank Trustee)**
2. Type of plan: **Qualified Plan or "other employers plan" (The plan is not an "IRA")**
3. Name of qualified plan: **IBEW Local Unions Savings and Security Plan (IBEW LUSSP)**
4. Account Number: **Your Social Security Number**

## 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