

IBEW LOCAL UNIONS SAVINGS & SECURITY PLAN IRA ROLLOVER FORM

ACCOUNT OWNER INFORMATION

Name _____ Social Security Number _____
 Address _____
 City & State _____ ZIP Code _____
 Daytime Telephone Number _____

CURRENT TRUSTEE/CUSTODIAN

Name _____ Business Phone _____
 Address _____
 City & State _____ ZIP Code _____

TRANSFER INSTRUCTIONS

List the assets you are transferring to the IBEW Savings & Security Plan

Type of Account _____ Percentage to Be Transferred _____ %
 Account Number _____

ACCOUNT OWNER SIGNATURE

I hereby instruct the current Trustee/Custodian of the above referenced account to liquidate the holdings of the account and transfer the proceeds to the IBEW Local Unions Savings and Security Plan.

The check is to be made payable to:

U.S. Bank N.A. FBO _____

The check should be mailed to:

Scarborough Alliance Corporation
 One Bridge Street, Suite 70
 Irvington, NY 10533

Your Signature _____ Date _____

Return this completed form along with a copy of your most recent account statement (if available) to:
 Scarborough Alliance Corporation, One Bridge Street, Irvington, NY 10533

For Internal Use Only

Scarborough Alliance Corporation

This is to inform you that the above named individual has established an IBEW Local Unions Savings and Security Plan account with us and we will accept the transfer of assets currently held in your plan for placement in the account established with us.

Signature of Scarborough Alliance Corporation Representative _____ Date _____

See reverse side for instructions

IBEW LOCAL UNIONS SAVINGS & SECURITY PLAN IRA ROLLOVER FORM INSTRUCTIONS

ACCOUNT OWNER INFORMATION—Please Print

Please provide all of the information requested in this area.

Important—Please be sure to provide a Daytime Telephone Number.

CURRENT TRUSTEE/CUSTODIAN

Please provide all of the requested information for your current IRA Trustee/Custodian.

This information can usually be found on your account statement.

TRANSFER INSTRUCTIONS

Please provide the type of account you are transferring from (e.g. IRA, 401(k), etc.), the percentage of the account to be transferred (e.g. if you are transferring the entire account enter 100%) and the current account number.

ACCOUNT OWNER SIGNATURE

Sign and Date this section and return the form along with a copy of your most recent account statement (if available), 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