

# IBEW LOCAL UNIONS SAVINGS & SECURITY PLAN NOTICE OF CHANGE FORM

---

Participant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**NAME CHANGE**

Current Name on the IBEW Savings and Security Plan: \_\_\_\_\_

New Name on the IBEW Savings and Security Plan: \_\_\_\_\_

**ADDRESS CHANGE**

Current Address on the IBEW Savings and Security Plan:

Street Address \_\_\_\_\_

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

New Address on the IBEW Savings and Security Plan

Street Address \_\_\_\_\_

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

**I hereby authorize Scarborough Alliance Corporation to make the above changes to my IBEW Savings and Security Plan account.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

Please return this form to:

**Scarborough Alliance Corporation**

One Bridge Street  
Irvington, NY 10533

800-223-7608 / 914-591-9200