

IBEW LOCAL UNIONS **SAVINGS & SECURITY PLAN**

WIRE INSTRUCTION FORM

If you are receiving a partial distribution from your IBEW Local Unions Savings & Security Plan and would like to have the funds wired directly to your bank account please fill out the following information and return it to the Plan Administrator, Scarborough Alliance Corporation, along with your Distribution Election Form.

SECTION A - PERSONAL INFORMATION (PLEASE PRINT)

Name: _____ Social Security Number: _____

SECTION B - REQUIRED BANK INFORMATION

Account Type (please select one): Checking Savings

Bank ABA Number: _____ Bank Account Number: _____

Bank Name: _____

Address: _____

City, State, ZIP: _____

SECTION C - EXECUTION

I hereby authorize U.S. Bank National Association to initiate Automatic Clearing House (ACH) credit entries to my Checking or Savings Account and the depository listed above to credit the same to such account.

Participant's Signature

Date