

FUND OFFICE OF LOCAL 580

ARCHITECTURAL & ORNAMENTAL IRON WORKERS

Administrative Office of:

LOCAL 580 VACATION FUND

LOCAL 580 INSURANCE FUND

LOCAL 580 PENSION FUND

LOCAL 580 ANNUITY FUND

LOCAL 580 EDUCATIONAL FUND

LOCAL 580 PENSIONERS' SUPPLEMENTAL FUND

*Second Floor * 501 WEST 42nd STREET * NEW YORK, NY 10036 * (212) 695-5206*

FAX (212) 947-5719

TO:

RE:

SS#

Dear

Please be advised that the Trustees of the Local 580 Annuity Fund have received authorization from the above mentioned participant to accept a direct rollover from his/her qualified defined contribution plan. A copy of that authorization is enclosed.

Please list name, address and account # below.

Please transfer the direct rollover for the benefit of (list name & social security number)

to the Local 580 Annuity Fund.

The check should be made payable to:

Local 580 Annuity Fund
501 W. 42nd Street (2nd Floor)
New York, N.Y. 10036

Kindly complete and sign the Certification below and return a copy of this letter and the original Certification to the Local 580 Annuity Fund along with the check.

Your assistance in this matter is greatly appreciated.

Very truly yours,



Fund Administrator

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CERTIFICATION

I am the (Title)_____ of the

(Name of Fund)_____ I certify that the

(Name of Plan)_____ is a defined

contribution plan that meets the requirements of the Internal Revenue Code Sections 401(a) or 403(b).

Date

Signature of Participant

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AUTHORIZATION TO ACCEPT A ROLLOVER

I, (Name of Participant) _____, hereby authorize the

Local 580 Annuity Fund to accept a direct rollover from the (Name of Fund) _____

My social security number is _____

Date

Signature of Participant