

IRA TO IRA TRANSFER DOCUMENTATION

GENERAL INFORMATION

(Do not use this form for a conversion to a Roth IRA)

Participant: _____ SSN: _____ Account No: _____

Residence Address: _____ Phone: _____

Present Custodian or Trustee: _____
(Name & Address)

TRANSFER INSTRUCTIONS

Directly transfer all or part of my present IRA with your organization in the manner indicated below.

1. Please make a check payable as follows:

Hand Benefits and Trust Company, 6 Rhoads Drive, Suite 7, Utica, NY 13502, as the Custodian
Name of Accepting Organization

for _____ (Traditional / Roth) IRA.
Participant's Name and Social Security Number

2. Transfer the assets in the manner prescribed below:

Asset Description	Quantity In IRA	Quantity To Be Transferred	Liquidate		Transfer
			Immediately	At Maturity	
_____			<input type="checkbox"/>	<input type="checkbox"/>	
_____			<input type="checkbox"/>	<input type="checkbox"/>	
_____			<input type="checkbox"/>	<input type="checkbox"/>	

This transfer will (Check one) completely partially close my IRA. I am aware that penalties may be incurred if time deposits are liquidated prior to their maturity date.

3. Delivery instructions - Mail check to:

Hand Benefits and Trust Co.
6 Rhoads Dr., Suite 7
Utica, NY 13502

5. Type of IRA being transferred:

- Traditional IRA
 ROTH IRA
 SEP-IRA
 SIMPLE IRA Date Employee First Participated _____
(To be completed by present Custodian/Trustee)

4. Wire Instructions -

ABA#: 0213-0538-6
Short Title: COMMUNITY BK SYR
Address: DE WITT, NEW YORK 13214
Special Instructions: ATTN: TRUST DEPT, UTICA
Account #: 0012 136 156
Account Name: Clients of BPAS
FBO: Name of IRA Account Holder
SSN of IRA Account Holder

(NOTE: A SIMPLE IRA may only be transferred to another SIMPLE IRA. After you have participated in your employer's SIMPLE plan for 2 years, you may transfer from a SIMPLE IRA to any IRA other than a Roth IRA or may convert it to a Roth IRA.)

AGE 70 1/2 REMINDER

I understand that if this transfer is occurring during or after the calendar year during which I attain the age of 70 1/2, the required minimum amount determined under this IRA is still required to be distributed.

I further understand that the current Trustee/Custodian is not responsible for making this distribution prior to the transfer. I accept full responsibility for satisfying the required minimum distribution applicable to this IRA by withdrawing sufficient amounts from another IRA prior to the deadline for receiving minimum distributions for the calendar year of the transfer.

If this transfer leaves the transferor IRA in one year but does not reach the transferee IRA until the following year, I understand that this will be an "outstanding transfer" as of December 31st. The new IRA must "deem" that the transfer was received as of the prior December 31st for determining any required minimum distribution from the transferee IRA for the year that the transfer was received. I will inform the transferee IRA Trustee/Custodian of any such outstanding transfer.

SIGNATURES

The transfer amount should should not be placed in a separate ("conduit") IRA. New IRA Account: _____

I understand that commingling regular IRA contributions with previously rolled assets from an employer plan may preclude me from subsequently rolling over funds from my rollover "conduit" IRA into another qualified plan or 403(b) plan. With such knowledge, I authorize and direct the Custodian/Trustee to place these transferred Traditional IRA contribution assets in my rollover "conduit" IRA or visa versa. I acknowledge that certain transfers may be required to be reported to the IRS.

Participant's Signature: _____ Date: _____

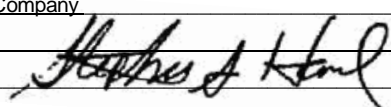
Medallion Signature Guarantee (only if required by current custodian or trustee)*

*You can obtain a medallion signature guarantee from most banks, savings institutions, broker-dealers etc. Signature guarantees from financial institutions which do not participate in a Medallion program may not be accepted. A notary public is **not** an acceptable guarantor.

Accepting Organization - Our organization agrees to serve as the new Custodian or Trustee for the IRA account of the above-named individual, and as Custodian or Trustee, we agree to accept the assets being transferred.

New Custodian or Trustee: Hand Benefits and Trust Company EIN #: 74-1977743

Address: 6 Rhoads Drive, Suite 7, Utica, NY 13502

Authorized Signature for Accepting Organization:  Date: _____