PIBF

PIPELINE INDUSTRY 401(k) FUND

INITIAL ENROLLMENT FORM

SECTION I - Personal Information:

Name:_____ SSN: _____ Phone:_____
Last First Middle Initial

Home Address:_____
Street Address City State Zip Code

Home Local #:_____ Date of Birth:_____
Month Day Year

SECTION II - Beneficiary Designation: Under the rules of the plan, the spouse is the default beneficiary, then the children, then the estate. The member can designate someone other than the default list. Therefore, I hereby designate the following person(s) who survive me as beneficiary(ies) to receive the account balance upon my death.

Primary:

Name	Social Security Number	Relationship	* Priority

***** ***If to be split equally, list both as "1"***

NOTE: If you are married and name someone other than your spouse as your beneficiary, the law requires your spouse to sign the following section of this form before a Notary Public.

SECTION III - Consent of Spouse:

I hereby agree that the above designated beneficiary is automatic to spouse, if living, and then to estate. By this waiver, I understand that the beneficiary will be the person(s) or the entity named above. I also understand that this beneficiary designation is not valid unless I consent to it and that my consent to naming of the above beneficiary(ies) is irrevocable.

Signature of Spouse:_____ Date:_____

State of:
County of: } SS

On the_____day of_____, year of _____, before me came_____ to me known and known to me to be the person described above and who executed the foregoing statement that he/she acknowledged to me that he/she executed the same.

Notary Public _____ Commission Expiration Date

SECTION IV - Authorization:

The authorization hereby granted by this form is effective as of the date signed and will remain in effect until I complete and submit a new change form.

Signature:_____ **Date:**_____

Please fax a copy of this form to Trust Company of Oklahoma at 918-744-5088 and PIBF at 918-280-4899.