PIBF

PIPELINE INDUSTRY 401(k) FUND

VOLUNTARY EMPLOYEE SALARY REDUCTION AGREEMENT

ENROLLMENT/CHANGE FORM

EMPLOYEE INFORMATION: (Please Print) **CLASSIFICATION :** (circle one) **W J A H** **PREJOB #**_____

Name: SSN:

Address:

City: State: Zip:

Date of Birth: Local Union #: Employer:

According to the terms and provisions of the Collective Bargaining Agreement, I enter into this Voluntary Employee Salary Reduction Agreement ("Agreement") with _____ (my Employer)

Effective _____, my Employer will reduce my hourly wage (check the appropriate box), **in an amount that will not cause me to exceed the annual limit allowed by the IRS** – annual limits are shown on the pibf website at www.pibf.org.

PRE-TAX 401(k) CONTRIBUTION ELECTION:	**POST-TAX ROTH 401(k) CONTRIBUTION ELECTION:**
☐ $0.00 ☐$0.50 ☐$1.00 ☐$2.00	☐$0.00 ☐$0.50 ☐$1.00 ☐$2.00
☐$_____other amount (must be in whole dollars)	☐_____other amount (must be in whole dollars)

1) My Employer will contribute to the Plan on my behalf, the amount by which I have reduced my compensation using my elective deferral contributions in this Agreement. My pre-tax elective deferral contributions are not subject to Federal tax and in most cases State income tax until distributed from the Plan, but are subject to Social Security and Medicare taxes. My post-tax elective deferral contributions are subject to taxes now, but qualified withdrawals in retirement are tax free.

2) This Agreement remains in effect until revoked by me or change of employer. I may revoke my agreement at any time. I must notify my Employer of my reduction in writing my completing a new Agreement indicating an elective contribution of $0.00, specifying the elective date. The withholding will become effective as soon as administratively feasible.

3) I may modify my Voluntary Employee Salary Reduction amount by filing a new agreement with my Employer and the amount of my elective deferral contributions will be modified. I must file a new Agreement with each Employer.

4) If I enter a subsequent Voluntary Employee Reduction Agreement after the date of this Agreement, it will revoke this Agreement.

5) If no investment election has been made, the default investment election is the Target Date Funds. (If a valid birthdate is missing, the default account will be the Money Market Account.) You may obtain additional information by contacting the Fund office at 918-280-4800 or the Trust Company of Oklahoma st 866-239-1042.

AUTHORIZATION:

My signature will serve as authorization for my Employer to make the deferral contributions indicated above. I understand my contributions will be invested in the Trust Company of Oklahoma Target Date Fund appropriate for my projected retirement date until I direct otherwise by completing the Investment Election Form or online at www.trustok.com.

_____
EMPLOYEE'S SIGNATURE DATE _____

_____
EMPLOYER'S SIGNATURE DATE _____

Please fax a copy of this form to Trust Company of Oklahoma at 918-744-5088 and PIBF at 918-280-4895.