



Please return completed form to:
 Pipeline Industry 401(k) Fund
 PO Box 470950
 Tulsa, OK 74147

**HARDSHIP SELF-CERTIFICATION
 PIPELINE INDUSTRY 401(K) FUND**

Section A: Participant Information

Social Security Number: _____ Name: _____

Daytime phone: _____ E-mail address: _____

Section B: Self-Certification

YOU ARE NOT REQUIRED TO SUBMIT HARDSHIP DOCUMENTATION; HOWEVER, YOU ARE REQUIRED TO MAINTAIN THE DOCUMENTATION.

As a Participant in the Plan, I attest:

- that my distribution is due to an immediate and heavy financial need and will not exceed the amount necessary to satisfy that financial need, and
- I have no alternative means reasonably available to satisfy the financial need, and
- I have previously obtained all distributions available under all retirement plans maintained by my Employer, and
- that my reason for hardship qualifies under one of the IRS approved distribution reasons listed below (check one):

- Payment of expenses for unreimbursed medical expenses previously incurred or necessary to obtain medical care for either myself, my spouse, my child(ren), or my other dependents. (HRA funds must be exhausted first. If HRA has not been utilized, a statement explaining why it has not been submitted to HRA must be attached)
- Purchase of a principal residence (excluding mortgage payments).
- Payment of tuition and related educational fees, including room and board for the next 12 months of post-secondary education for either me, my Spouse, my child(ren), or my other dependents. Distribution is for (name and relationship): _____
- Prevention of foreclosure on or eviction from my principal residence.
- Payment for burial or funeral expenses of my deceased parent, Spouse, child or dependent.
- Payment of expenses or losses arising from a natural disaster declared by FEMA in the location of my principal residence or place of employment.
- Payment of expenses for the repair of damage to my principal residence that would qualify for a casualty deduction under Section 165 of the Internal Revenue Code.
- Payment of expenses for major repair or replacement of the welding truck and/or related equipment. This does not include routine maintenance.

Section C: Hardship Withholding Election

Please read the "Special Tax Notice Regarding Plan Payments" before completing this section

With limited exceptions, I understand that in addition to ordinary income tax, this distribution will be subject to a 10% early withdrawal penalty tax if I receive the distribution before I attain age 59 ½ and is not the payment of certain tax-deductible medical expenses. You should consult your tax professional before taking any distribution from the plan.

Federal withholding: *Hardship withdrawals are not subject to the required 20% Federal income tax withholding but will be subject to 10% Federal income tax withholding if no election is made.* If you wish the plan to withhold an amount other than 10% (including 0%), please indicate below:

Indicate the **TOTAL** Federal income tax amount to be withheld from distribution: _____ % or \$ _____

State income tax will be withheld from the taxable portion of your distribution if you reside in a state that requires mandatory withholding.

I certify that my legal state of residence is _____ and that the election below reflects the requirements of that state.

If permanent state of residence is not indicated, your state on record will be used to determine state withholding requirements.

Check here if you do not want any state income tax withheld from your distribution.

Additional state amount, if any, you want withheld from your distribution: _____ % or \$ _____

Section D: Signature

Under current law, I am not able to roll any amount I received as a hardship to an IRA that I may maintain. And if I am married, my spouse has agreed to this hardship distribution, as provided for on the Request for Distribution Form. I understand this election is irrevocable and waive the unexpired portion of the minimum 30-day period during which I may consent to a distribution from the Plan and will furnish supporting documentation upon request.

Pursuant to 18 USC 1027, "whoever, in any document required by title I of the Employee Retirement Income Security Act of 1974 (as amended from time to time) to be published, or kept as part of the records of any employee welfare benefit plan or employee pension benefit plan, or certified to the administrator of any such plan, makes any false statement or representation of fact, knowing it to be false, or knowingly conceals, covers up, or fails to disclose any fact the disclosure of which is required by such title or is necessary to verify, explain, clarify or check for accuracy and completeness any report required by such title to be published or any information required by such title to be certified, shall be fined under this title, or imprisoned not more than five years, or both."

 Participant's Signature

 Date

 Plan Representative's Signature

 Date