

Mailing Instructions

Regular Mail

Pipeline Industry Pension Fund
P O Box 470950
Tulsa OK 74147-0950

Overnight Mail

Pipeline Industry Pension Fund
4845 S. 83rd E. Ave.
Tulsa, OK 74145-6909
918-280-4800



April 20, 2021

John Q. Doe
4845 S. 83rd E. Ave
Tulsa, OK 74145

Dear John:

We are enclosing your application for retirement benefits. Please select the type of plan you prefer and return all pages of the signed application along with your proof of birth. **Your spouse must sign the spousal waiver of benefit rights before a Notary Public.** Also, please verify your telephone number shown on the application and provide your emergency contact information.

If you select a joint and survivor option, we will need a copy of your certificate of marriage and a copy of your spouse's proof of birth. **Be sure to verify your spouse's social security number on the application.** If you select the guaranteed period and life option, we will need your beneficiary's name, address, and social security number.

The Pipeline Industry Benefit Fund's Board of Trustees approved a new lump sum pension option on April 20, 2000.

There are two different lump sum amounts to be considered. The first amount is based on your monthly **NORMAL** pension amount on your retirement date, times 12 and not to exceed \$27,000. If you choose this option, your monthly pension (based on whatever option you choose) will be recalculated and actuarially reduced.

The second choice is the same as the first except that the amount of the lump sum is based on 24 times your monthly **NORMAL** pension amount on your retirement date and not to exceed \$54,000.

The Pipeline Industry Benefit Fund's Board of Trustees approved two additional lump sum pension options on March 31, 2014.

The third choice is the same as the first except that the amount of the lump sum is based on 36 times your monthly **NORMAL** pension amount on your retirement date and not to exceed \$81,000.

The fourth choice is the same as the first except that the amount of the lump sum is based on 48 times your monthly **NORMAL** pension amount on your retirement date and not to exceed \$108,000.



The Pipeline Industry Benefit Fund's Board of Trustees approved two additional lump sum pension options on December 12, 2017.

The fifth choice is the same as the first except that the amount of the lump sum is based on 60 times your monthly **NORMAL** pension amount on your retirement date and not to exceed \$135,000.

The sixth choice is the same as the first except that the amount of the lump sum is based on 72 times your monthly **NORMAL** pension amount on your retirement date and not to exceed \$162,000.

If you choose any Joint and Survivor option, your benefit will move to the full retirement amount in the option category you chose should your spouse predecease you.

You do not qualify for medical coverage at the date of retirement because you do not meet the necessary requirements as stated below:

"You must have 20 pension credits in The Pipeline Industry Pension Fund, including at least 400 hours in two of the five years immediately preceding your retirement, or you must have 25 credited years and show proof of continuous coverage for 24 months prior to retirement."

Effective January 1, 2017, a retiree can satisfy the rules to qualify for retiree health coverage after retirement by earning the additional years needed to get to 20 credited years. The retiree must still have at least 400 hours in two of the five years immediately preceding the 20 credited years.

The Trustees have expanded this to allow plan participants with over 20 years of credited service at retirement who did not qualify for retiree coverage at retirement (because they did not meet the requirement of at least 400 hours in two of the five years earned immediately preceding retirement) to earn coverage by working two years with at least 400 hours in each year after retirement.

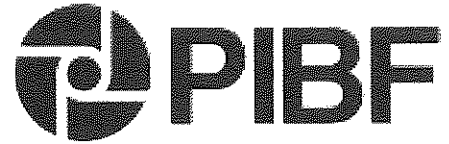
Should you have any questions, please let us know.

Sincerely,

A handwritten signature in cursive script that reads "Renée E. Vause".

Renée E. Vause
Director

REV:tb



BLUE LIGHT ANNOUNCEMENT ELECTION FORM

CHECK ONE:

_____ I **DO** want my retirement announced in the Blue Light.

_____ I **DO NOT** want my retirement announced in the Blue Light

MEMBER SIGNATURE

DATE



APPLICATION FOR EARLY PENSION BENEFITS
PIPELINE INDUSTRY PENSION FUND
P. O. Box 470950
Tulsa, Oklahoma 74147-0950

PERSONAL INFORMATION

<u>JOHN Q. DOE</u> Name	<u>888-88-8888</u> Social Security No.	<u>12-25-1960</u> Date of Birth	<u>798</u> Local Union No.
<u>4845 S. 83RD E AVE.</u> Home Address- Number and Street	<u>TULSA, OK 74145</u> City, St Zip Code		<u>918-280-4800</u> Telephone No.
<u>JANE Q. DOE</u> Name of Beneficiary	<u>888-88-8886</u> Social Security No.	<u>Spouse</u> Relationship	<u>03-31-1961</u> Date of Birth <u>Telephone No.</u>
<u>Same As Above</u> Home Address- Number and Street		<u>City</u>	<u>State</u> <u>Zip Code</u>
<u>Person who does not live with you to contact in emergency</u>		<u>Relationship</u>	<u>Telephone No.</u>

EFFECTIVE DATE OF RETIREMENT: Your pension will become effective 05-01-2021 if this application and proof of birth are returned to this office on or before 4/30/2021 otherwise your pension will become effective the month following receipt of this application and proof of your birth. Your spouse's proof of birth is required if the joint and survivor option is selected. **This application will become invalid 90 days after the above effective date.**

YOUR PENSION IS BASED ON THE FOLLOWING CREDITED SERVICE:

FUTURE SERVICE (Based on hours worked since 1/1/65):
 Helper Years _____ Months _____ times \$0.00 per year
 Journeyman Years 10 Months 14 times VARIOUS per year

Total of Pension Based on Retirement After Age 60:
 Future Service: \$1,314.67 TOTAL: \$1,314.67

LISTED BELOW ARE 7 DIFFERENT RETIREMENT OPTIONS (EARLY PENSION, 12 MONTH LUMP SUM, 24 MONTH LUMP SUM, 36 MONTH LUMP SUM, 48 MONTH LUMP SUM, 60 MONTH LUMP SUM and 77 MONTH LUMP SUM). PLEASE CHOOSE ONE OPTION AND CHECK ONE BOX FROM THAT OPTION. I UNDERSTAND THAT THE PENSION OPTIONS ARE CALCULATED FOR THE EFFECTIVE DATE LISTED ON THIS APPLICATION AND IF I DO NOT RETURN IT BEFORE THE EFFECTIVE DATE, THE CALCULATIONS MAY ACTUARIALLY INCREASE OR DECREASE BECAUSE OF A LATER EFFECTIVE DATE. I ALSO UNDERSTAND THAT ONCE MY BENEFIT BEGINS I CANNOT CHANGE TO ANOTHER FORM OF PENSION BENEFIT.

I HEREBY APPLY FOR THE FOLLOWING PENSION BENEFIT: **OPTION 1**
 (If you choose this option, please check selection **before** returning)

TYPE OF RETIREMENT SELECTED	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	\$1,314.67	NONE
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	89.676%	\$1,178.94	\$589.47
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	85.274%	\$1,121.07	\$840.80
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	81.284%	\$1,068.62	\$1,068.62
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>04-30-2031</u>	94.650%	\$1,244.34	\$1,244.34

I have retained a copy of this application for my personal records.

DATED _____

Signature of Member (signature required)

Member's Copy

I HEREBY APPLY FOR THE FOLLOWING 12 MONTH LUMP SUM PENSION BENEFIT:		OPTION 2
(If you choose this option, please check selection before returning)		LUMP SUM BENEFIT <u>\$15,776.04</u>
RETIREMENT AMT.	<u>\$1,314.67</u>	
LUMP SUM ADJ.	<u>-\$72.51</u>	(Factor 217.5735)
NET MONTHLY AMT.	<u>\$1,242.16</u>	
TYPE OF RETIREMENT SELECTED	ACTUARIAL FACTOR	MEMBERS PENSION
1. <input type="checkbox"/> Early Retirement	100.000%	\$1,242.16
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	89.676%	\$1,113.92
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	85.274%	\$1,059.24
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	81.284%	\$1,009.68
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>04-30-2031</u>	94.650%	\$1,175.71
		SURVIVOR BENEFITS
		NONE
		\$556.96
		\$794.43
		\$1,009.68
		\$1,175.71
I have retained a copy of this application for my personal records.		
DATED _____		_____ Signature of Member (signature required)

I HEREBY APPLY FOR THE FOLLOWING 24 MONTH LUMP SUM PENSION BENEFIT:		OPTION 3
(If you choose this option, please check selection before returning)		LUMP SUM BENEFIT <u>\$31,552.08</u>
RETIREMENT AMT.	<u>\$1,314.67</u>	
LUMP SUM ADJ.	<u>-\$145.02</u>	(Factor 217.5735)
NET MONTHLY AMT.	<u>\$1,169.65</u>	
TYPE OF RETIREMENT SELECTED	ACTUARIAL FACTOR	MEMBERS PENSION
1. <input type="checkbox"/> Early Retirement	100.000%	\$1,169.65
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	89.676%	\$1,048.90
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	85.274%	\$997.41
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	81.284%	\$950.74
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>04-30-2031</u>	94.650%	\$1,107.08
		SURVIVOR BENEFITS
		NONE
		\$524.45
		\$748.06
		\$950.74
		\$1,107.08
I have retained a copy of this application for my personal records.		
DATED _____		_____ Signature of Member (signature required)

I HEREBY APPLY FOR THE FOLLOWING 36 MONTH LUMP SUM PENSION BENEFIT:		OPTION 4
(If you choose this option, please check selection before returning)		LUMP SUM BENEFIT <u>\$47,328.12</u>
RETIREMENT AMT.	<u>\$1,314.67</u>	
LUMP SUM ADJ.	<u>-\$217.53</u>	(Factor 217.5735)
NET MONTHLY AMT.	<u>\$1,097.14</u>	
TYPE OF RETIREMENT SELECTED	ACTUARIAL FACTOR	MEMBERS PENSION
1. <input type="checkbox"/> Early Retirement	100.000%	\$1,097.14
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	89.676%	\$983.87
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	85.274%	\$935.58
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	81.284%	\$891.80
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>04-30-2031</u>	94.650%	\$1,038.45
		SURVIVOR BENEFITS
		NONE
		\$491.94
		\$701.68
		\$891.80
		\$1,038.45
I have retained a copy of this application for my personal records.		
DATED _____		_____ Signature of Member (signature required)
PAGE 2 OF 4		

Member's Copy

Pension Application Form

REVISED 12/13/2017

I HEREBY APPLY FOR THE FOLLOWING 48 MONTH LUMP SUM PENSION BENEFIT: OPTION 5
 (If you choose this option, please check selection **before** returning) LUMP SUM BENEFIT \$63,104.16

RETIREMENT AMT.	<u>\$1,314.67</u>		
LUMP SUM ADJ.	<u>-\$290.04</u>	(Factor 217.5735)	
NET MONTHLY AMT.	<u>\$1,024.63</u>		

	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	<u>\$1,024.63</u>	<u>NONE</u>
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	89.676%	<u>\$918.85</u>	<u>\$459.43</u>
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	85.274%	<u>\$873.75</u>	<u>\$655.31</u>
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	81.284%	<u>\$832.86</u>	<u>\$832.86</u>
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>04-30-2031</u>	94.650%	<u>\$969.82</u>	<u>\$969.82</u>

I have retained a copy of this application for my personal records.

DATED _____ Signature of Member (signature required)

I HEREBY APPLY FOR THE FOLLOWING 60 MONTH LUMP SUM PENSION BENEFIT: OPTION 6
 (If you choose this option, please check selection **before** returning) LUMP SUM BENEFIT \$78,880.20

RETIREMENT AMT.	<u>\$1,314.67</u>		
LUMP SUM ADJ.	<u>-\$362.55</u>	(Factor 217.5735)	
NET MONTHLY AMT.	<u>\$952.12</u>		

	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	<u>\$952.12</u>	<u>NONE</u>
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	89.676%	<u>\$853.83</u>	<u>\$426.91</u>
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	85.274%	<u>\$811.92</u>	<u>\$608.94</u>
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	81.284%	<u>\$773.93</u>	<u>\$773.93</u>
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>04-30-2031</u>	94.650%	<u>\$901.19</u>	<u>\$901.19</u>

I have retained a copy of this application for my personal records.

DATED _____ Signature of Member (signature required)

I HEREBY APPLY FOR THE FOLLOWING 72 MONTH LUMP SUM PENSION BENEFIT: OPTION 7
 (If you choose this option, please check selection **before** returning) LUMP SUM BENEFIT \$94,656.24

RETIREMENT AMT.	<u>\$1,314.67</u>		
LUMP SUM ADJ.	<u>-\$435.05</u>	(Factor 217.5735)	
NET MONTHLY AMT.	<u>\$879.62</u>		

	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	<u>\$879.62</u>	<u>NONE</u>
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	89.676%	<u>\$788.80</u>	<u>\$394.40</u>
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	85.274%	<u>\$750.08</u>	<u>\$562.56</u>
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	81.284%	<u>\$714.99</u>	<u>\$714.99</u>
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>04-30-2031</u>	94.650%	<u>\$832.56</u>	<u>\$832.56</u>

I have retained a copy of this application for my personal records.

DATED _____ Signature of Member (signature required)



**APPLICATION FOR EARLY PENSION BENEFITS
PIPELINE INDUSTRY PENSION FUND
P. O. Box 470950
Tulsa, Oklahoma 74147-0950**

PERSONAL INFORMATION

<u>JOHN Q. DOE</u> Name	<u>888-88-8888</u> Social Security No.	<u>12-25-1960</u> Date of Birth	<u>798</u> Local Union No.
<u>4845 S. 83RD E AVE.</u> Home Address- Number and Street	<u>TULSA, OK 74145</u> City, St Zip Code		<u>918-280-4800</u> Telephone No.
<u>JANE Q. DOE</u> Name of Beneficiary	<u>888-88-8886</u> Social Security No.	<u>Spouse</u> Relationship	<u>03-31-1961</u> Date of Birth <u>Telephone No.</u>
<u>Same As Above</u> Home Address- Number and Street		<u>City</u>	<u>State</u> <u>Zip Code</u>
<u>Person who does not live with you to contact in emergency</u>		<u>Relationship</u>	<u>Telephone No.</u>

EFFECTIVE DATE OF RETIREMENT: Your pension will become effective 05-01-2021 if this application and proof of birth are returned to this office on or before 4/30/2021 otherwise your pension will become effective the month following receipt of this application and proof of your birth. Your spouse's proof of birth is required if the joint and survivor option is selected. **This application will become invalid 90 days after the above effective date.**

YOUR PENSION IS BASED ON THE FOLLOWING CREDITED SERVICE:

FUTURE SERVICE (Based on hours worked since 1/1/65):
 Helper Years _____ Months _____ times \$0.00 per year
 Journeyman Years 10 Months 14 times VARIOUS per year

Total of Pension Based on Retirement After Age 60:
 Future Service: \$1,314.67 TOTAL: \$1,314.67

LISTED BELOW ARE 7 DIFFERENT RETIREMENT OPTIONS (EARLY PENSION, 12 MONTH LUMP SUM, 24 MONTH LUMP SUM, 36 MONTH LUMP SUM, 48 MONTH LUMP SUM, 60 MONTH LUMP SUM and 72 MONTH LUMP SUM). PLEASE CHOOSE ONE OPTION AND CHECK ONE BOX FROM THAT OPTION. I UNDERSTAND THAT THE PENSION OPTIONS ARE CALCULATED FOR THE EFFECTIVE DATE LISTED ON THIS APPLICATION AND IF I DO NOT RETURN IT BEFORE THE EFFECTIVE DATE, THE CALCULATIONS MAY ACTUARIALLY INCREASE OR DECREASE BECAUSE OF A LATER EFFECTIVE DATE. I ALSO UNDERSTAND THAT ONCE MY BENEFIT BEGINS I CANNOT CHANGE TO ANOTHER FORM OF PENSION BENEFIT.

I HEREBY APPLY FOR THE FOLLOWING PENSION BENEFIT: OPTION 1
 (If you choose this option, please check selection **before** returning)

TYPE OF RETIREMENT SELECTED	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	\$1,314.67	NONE
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	89.676%	\$1,178.94	\$589.47
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	85.274%	\$1,121.07	\$840.80
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	81.284%	\$1,068.62	\$1,068.62
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>04-30-2031</u>	94.650%	\$1,244.34	\$1,244.34

I have retained a copy of this application for my personal records.

DATED _____

PAGE 1 OF 4 Signature of Member (signature required)

Return to PIBF Upon Completion

I HEREBY APPLY FOR THE FOLLOWING 12 MONTH LUMP SUM PENSION BENEFIT: OPTION 2
 (If you choose this option, please check selection **before** returning) LUMP SUM BENEFIT \$15,776.04

RETIREMENT AMT.	<u>\$1,314.67</u>		
LUMP SUM ADJ.	<u>-\$72.51</u>	(Factor 217.5735)	
NET MONTHLY AMT.	<u>\$1,242.16</u>		

	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	<u>\$1,242.16</u>	<u>NONE</u>
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	89.676%	<u>\$1,113.92</u>	<u>\$556.96</u>
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	85.274%	<u>\$1,059.24</u>	<u>\$794.43</u>
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	81.284%	<u>\$1,009.68</u>	<u>\$1,009.68</u>
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>04-30-2031</u>	94.650%	<u>\$1,175.71</u>	<u>\$1,175.71</u>

I have retained a copy of this application for my personal records.

DATED _____

Signature of Member (signature required)

I HEREBY APPLY FOR THE FOLLOWING 24 MONTH LUMP SUM PENSION BENEFIT: OPTION 3
 (If you choose this option, please check selection **before** returning) LUMP SUM BENEFIT \$31,552.08

RETIREMENT AMT.	<u>\$1,314.67</u>		
LUMP SUM ADJ.	<u>-\$145.02</u>	(Factor 217.5735)	
NET MONTHLY AMT.	<u>\$1,169.65</u>		

	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	<u>\$1,169.65</u>	<u>NONE</u>
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	89.676%	<u>\$1,048.90</u>	<u>\$524.45</u>
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	85.274%	<u>\$997.41</u>	<u>\$748.06</u>
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	81.284%	<u>\$950.74</u>	<u>\$950.74</u>
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>04-30-2031</u>	94.650%	<u>\$1,107.08</u>	<u>\$1,107.08</u>

I have retained a copy of this application for my personal records.

DATED _____

Signature of Member (signature required)

I HEREBY APPLY FOR THE FOLLOWING 36 MONTH LUMP SUM PENSION BENEFIT: OPTION 4
 (If you choose this option, please check selection **before** returning) LUMP SUM BENEFIT \$47,328.12

RETIREMENT AMT.	<u>\$1,314.67</u>		
LUMP SUM ADJ.	<u>-\$217.53</u>	(Factor 217.5735)	
NET MONTHLY AMT.	<u>\$1,097.14</u>		

	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	<u>\$1,097.14</u>	<u>NONE</u>
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	89.676%	<u>\$983.87</u>	<u>\$491.94</u>
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	85.274%	<u>\$935.58</u>	<u>\$701.68</u>
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	81.284%	<u>\$891.80</u>	<u>\$891.80</u>
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>04-30-2031</u>	94.650%	<u>\$1,038.45</u>	<u>\$1,038.45</u>

I have retained a copy of this application for my personal records.

DATED _____

Signature of Member (signature required)

Return to PIBF Upon Completion

Pension Application Form

I HEREBY APPLY FOR THE FOLLOWING 48 MONTH LUMP SUM PENSION BENEFIT: OPTION 5
 (If you choose this option, please check selection **before** returning) LUMP SUM BENEFIT \$63,104.16

RETIREMENT AMT.	<u>\$1,314.67</u>	
LUMP SUM ADJ.	<u>-\$290.04</u>	(Factor 217.5735)
NET MONTHLY AMT.	<u>\$1,024.63</u>	

TYPE OF RETIREMENT SELECTED	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	<u>\$1,024.63</u>	<u>NONE</u>
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	89.676%	<u>\$918.85</u>	<u>\$459.43</u>
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	85.274%	<u>\$873.75</u>	<u>\$655.31</u>
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	81.284%	<u>\$832.86</u>	<u>\$832.86</u>
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>04-30-2031</u>	94.650%	<u>\$969.82</u>	<u>\$969.82</u>

I have retained a copy of this application for my personal records.

DATED _____ _____
Signature of Member (signature required)

I HEREBY APPLY FOR THE FOLLOWING 60 MONTH LUMP SUM PENSION BENEFIT: OPTION 6
 (If you choose this option, please check selection **before** returning) LUMP SUM BENEFIT \$78,880.20

RETIREMENT AMT.	<u>\$1,314.67</u>	
LUMP SUM ADJ.	<u>-\$362.55</u>	(Factor 217.5735)
NET MONTHLY AMT.	<u>\$952.12</u>	

TYPE OF RETIREMENT SELECTED	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	<u>\$952.12</u>	<u>NONE</u>
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	89.676%	<u>\$853.83</u>	<u>\$426.91</u>
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	85.274%	<u>\$811.92</u>	<u>\$608.94</u>
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	81.284%	<u>\$773.93</u>	<u>\$773.93</u>
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>04-30-2031</u>	94.650%	<u>\$901.19</u>	<u>\$901.19</u>

I have retained a copy of this application for my personal records.

DATED _____ _____
Signature of Member (signature required)

I HEREBY APPLY FOR THE FOLLOWING 72 MONTH LUMP SUM PENSION BENEFIT: OPTION 7
 (If you choose this option, please check selection **before** returning) LUMP SUM BENEFIT \$94,656.24

RETIREMENT AMT.	<u>\$1,314.67</u>	
LUMP SUM ADJ.	<u>-\$435.05</u>	(Factor 217.5735)
NET MONTHLY AMT.	<u>\$879.62</u>	

TYPE OF RETIREMENT SELECTED	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	<u>\$879.62</u>	<u>NONE</u>
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	89.676%	<u>\$788.80</u>	<u>\$394.40</u>
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	85.274%	<u>\$750.08</u>	<u>\$562.56</u>
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	81.284%	<u>\$714.99</u>	<u>\$714.99</u>
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>04-30-2031</u>	94.650%	<u>\$832.56</u>	<u>\$832.56</u>

I have retained a copy of this application for my personal records.

DATED _____ _____
Signature of Member (signature required)

PIPELINE INDUSTRY PENSION FUND
 4845 S. 83RD EAST AVENUE
 TULSA, OK 74145-6909
 (918) 280-4800

APRIL 20, 2021
 PAGE NUMBER 3

JOHN Q DOE
 4845 S 83RD E AVE
 TULSA OK 74145

SOCIAL SECURITY NO: XXX-XX-8888
 DATE OF BIRTH : 12/25/1960

SPOUSE: JANE Q DOE

SPOUSE BIRTH DATE : 3/31/1961
 SPOUSE SOC.SEC.NBR: XXX-XX-8886

PENSION BENEFIT OPTIONS AS OF 5/01/2021 - EARLY UNREDUCED

YOUR BENEFITS ARE 100% VESTED!

FUTURE SERVICE BENEFIT FOR 11-02 YRS = \$1,314.67

EARLY UNREDUCED AT 60-4 \$1,314.67
 MEMBER'S SPOUSE AT - 60-1

BENEFIT OPTIONS WITH NO LUMP SUM	ACTUARIAL FACTORS	MEMBER BENEFITS	SURVIVOR BENEFITS
Early Unreduced Retirement Life Annuity	1.00000	\$1,314.67	none
Ten Yr. Guaranteed Period to 04/30/2031	.94650	\$1,244.34	\$1,244.34
Joint & 50% Survivor Option	.89676	\$1,178.94	\$589.47
Joint & 75% Survivor Option	.85274	\$1,121.07	\$840.80
Joint & 100% Survivor Option	.81284	\$1,068.62	\$1,068.62

12 MONTH LUMP SUM AMOUNT \$15,776.04 (FACTOR 163.7864 - LS ADJ \$96.32)	ACTUARIAL FACTORS	MEMBER BENEFITS	SURVIVOR BENEFITS
Early Unreduced Retirement Life Annuity	1.00000	\$1,218.35	none
Ten Yr. Guaranteed Period to 04/30/2031	.94650	\$1,153.17	\$1,153.17
Joint & 50% Survivor Option	.89676	\$1,092.57	\$546.28
Joint & 75% Survivor Option	.85274	\$1,038.94	\$779.21
Joint & 100% Survivor Option	.81284	\$990.32	\$990.32

24 MONTH LUMP SUM AMOUNT \$31,552.08 (FACTOR 163.7864 - LS ADJ \$192.64)	ACTUARIAL FACTORS	MEMBER BENEFITS	SURVIVOR BENEFITS
Early Unreduced Retirement Life Annuity	1.00000	\$1,122.03	none
Ten Yr. Guaranteed Period to 04/30/2031	.94650	\$1,062.00	\$1,062.00
Joint & 50% Survivor Option	.89676	\$1,006.19	\$503.09
Joint & 75% Survivor Option	.85274	\$956.80	\$717.60
Joint & 100% Survivor Option	.81284	\$912.03	\$912.03

PIPELINE INDUSTRY PENSION FUND
 4845 S. 83RD EAST AVENUE
 TULSA, OK 74145-6909
 (918) 280-4800

APRIL 20, 2021
 PAGE NUMBER 4

JOHN Q DOE
 4845 S 83RD E AVE
 TULSA OK 74145

SOCIAL SECURITY NO: XXX-XX-8888
 DATE OF BIRTH : 12/25/1960

36 MONTH LUMP SUM AMOUNT (FACTOR 163.7864 - LS ADJ	ACTUARIAL FACTORS	MEMBER BENEFITS	SURVIVOR BENEFITS
\$47,328.12 \$288.96)			
Early Unreduced Retirement Life Annuity	1.00000	\$1,025.71	none
Ten Yr. Guaranteed Period to 04/30/2031	.94650	\$970.83	\$970.83
Joint & 50% Survivor Option	.89676	\$919.82	\$459.91
Joint & 75% Survivor Option	.85274	\$874.66	\$656.00
Joint & 100% Survivor Option	.81284	\$833.74	\$833.74
48 MONTH LUMP SUM AMOUNT (FACTOR 163.7864 - LS ADJ	ACTUARIAL FACTORS	MEMBER BENEFITS	SURVIVOR BENEFITS
\$63,104.16 \$385.28)			
Early Unreduced Retirement Life Annuity	1.00000	\$929.39	none
Ten Yr. Guaranteed Period to 04/30/2031	.94650	\$879.67	\$879.67
Joint & 50% Survivor Option	.89676	\$833.44	\$416.72
Joint & 75% Survivor Option	.85274	\$792.53	\$594.40
Joint & 100% Survivor Option	.81284	\$755.45	\$755.45
60 MONTH LUMP SUM AMOUNT (FACTOR 163.7864 - LS ADJ	ACTUARIAL FACTORS	MEMBER BENEFITS	SURVIVOR BENEFITS
\$78,880.20 \$481.60)			
Early Unreduced Retirement Life Annuity	1.00000	\$833.07	none
Ten Yr. Guaranteed Period to 04/30/2031	.94650	\$788.50	\$788.50
Joint & 50% Survivor Option	.89676	\$747.06	\$373.53
Joint & 75% Survivor Option	.85274	\$710.39	\$532.79
Joint & 100% Survivor Option	.81284	\$677.15	\$677.15
72 MONTH LUMP SUM AMOUNT (FACTOR 163.7864 - LS ADJ	ACTUARIAL FACTORS	MEMBER BENEFITS	SURVIVOR BENEFITS
\$94,656.24 \$577.92)			
Early Unreduced Retirement Life Annuity	1.00000	\$736.75	none
Ten Yr. Guaranteed Period to 04/30/2031	.94650	\$697.33	\$697.33
Joint & 50% Survivor Option	.89676	\$660.69	\$330.34
Joint & 75% Survivor Option	.85274	\$628.26	\$471.20
Joint & 100% Survivor Option	.81284	\$598.86	\$598.86

VESTED = Year Vested; PERM BREAK = Year of Permanent Break; PBRK REPAIR = Year of Permanent Break repair; RATE BREAK = Year of Separation;
 RATE REPAIR = Year of Separation Repair; FUTR REPAIR = Year in future listed with repair needed (occurs in year prior to last year); RET = Year of
 Retirement; MED ELIG = Year after retirement based on rules; NOT MED ELG = Year after retirement based on rules; PROJ BENEFIT = Projected
 years with benefits; PRORATE HRS = Reciprocated hours are converted for credit at current benefit rates (and may not equal actual hours worked).

PIPELINE INDUSTRY PENSION FUND
 4845 S. 83RD EAST AVENUE
 TULSA, OK 74145-6909
 (918) 280-4800

APRIL 20, 2021
 PAGE NUMBER 1

JOHN Q DOE
 4845 S 83RD E AVE
 TULSA OK 74145

SSN: XXX-XX-8888
 DOB: 12/25/1960

Dear Participant:

This statement shows the Pension Credit you have accrued in the PIBF Pension Plan. Please review the information provided below, and notify the Pension Fund office if you have any questions.

PLAN YEAR	CL	HOURS CREDITED	SERVICE CREDITS	TOTAL YRS-MO	RESV MTHS	RATE YEAR	MULT RATE	EARNED AMOUNT	
1982	J	1234.00	12	1-00		1990	.00	.00	
1983	J	1.00		00		1990	.00	.00	PERM BREAK
1984		.00		00		1990	.00	.00	(844 HRS
1985	J	1.00		00		1990	.00	.00	
1986		.00		00		1990	.00	.00	
1987	J	438.00	4	04		1990	44.00	14.67	
1988		.00		04		1990	.00	.00	
1989	J	113.00		04		1990	.00	.00	RATE BREAK
1990	J	671.00	6	10		2008	120.00	60.00	(844 HRS
1991	J	1138.00	11	1-09		2008	120.00	110.00	
1992		.00		1-09		2008	.00	.00	
1993	J	1.00		1-09		2008	.00	.00	RATE REPAIR
1994	J	422.00	4	2-01		2008	120.00	40.00	
1995		.00		2-01		2008	.00	.00	
1996	J	1195.00	11	3-00		2008	120.00	110.00	
1997	J	607.00	6	3-06		2008	120.00	60.00	
1998	J	1470.00	12	4-06	2	2008	120.00	120.00	
1999	J	1120.00	12	5-06	1	2008	120.00	120.00	VESTED
2000	J	1359.00	12	6-06	2	2008	120.00	120.00	
2001	J	1290.00	12	7-06	2	2008	120.00	120.00	
2002	J	1796.00	12	8-06	4	2008	120.00	120.00	
2003	J	1126.00	12	9-06	3	2008	120.00	120.00	
2004	J	1829.00	12	10-06	4	2008	120.00	120.00	
2005	J	430.00	8	11-02		2008	120.00	80.00	
2006		.00		11-02		2008	.00	.00	
2007		.00		11-02		2008	.00	.00	

The above statement is for information only, and does not guarantee the benefits or correctness of information. Pension Credits and Rates listed have not been approved and are subject to modification and/or approval by the Fund Office/Board of Trustees at the time that a formal application for Pension is reviewed.

**PIPELINE INDUSTRY PENSION FUND
WORKING RULES AFTER RETIREMENT**

JOHN Q DOE

JANE DOE

For _____
Participant

Spouse

The Pipeline Industry Pension Plan in accordance with Federal Laws allows plan participants to retire and continue working, however, there are strict rules that each participant must be aware of based on the age of the participant.

For Those Participants Under Age 62

The Internal Revenue Service imposes penalties on both the Pension Plan and retirees who retire before age 62 and continue to work in the industry on jobs covered by the National Pipeline Agreement, Distribution Agreement, Participation Agreement or similar agreement. If you retire and consistently work under agreements previously mentioned or in the same capacity, the Internal Revenue Service may impose excise taxes on your retirement earnings and require a revocation of your pension. Should you elect to retire, the Trustees **will take action** to revoke your pension should hours consistently be received by the Fund. Accrual increases may be limited depending on the restrictions of the formulary approved by the Trustees. The participant's credit for retiree health insurance is determined at the time of retirement.

For Those Participants Ages 62 To 70 ½

The Pipeline Industry Pension Plan has a provision titled "the in service distribution rule". This provision, as described under Internal Revenue Rules, allows members 62 and older to work and receive a monthly retirement benefit. Accrual increases may be limited depending on the restrictions of the formulary approved by the Trustees. The participant's credit for retiree health insurance is determined at the time of retirement.

For Those Participants Ages 70 ½ And Older

The Pipeline Industry Pension Plan follows Federal Regulations which require all participants to retire no later than April 1st in the calendar year after the participant reaches 70 ½. Under this plan provision, the retiree can work and receive a paycheck, receive a pension check, earn accrual increases without restrictions, and if the participant has not earned 20 years of credit for health coverage, the years of service earned for those who retire after 70 ½ will continue to grow for retiree health coverage.

I hereby acknowledge receipt of this explanation and understand the provisions stated.

Participant Signature _____ Date _____

Spouse's Signature _____ Date _____

NOTARY PUBLIC

State of _____

County of _____

On the _____ day of _____, 20____, before me came _____ and _____ to me know and known to me to be the person(s) described in and who executed the above statement(s) and he/she/they duly acknowledge to me that he/she/the executed the same.

Notary Public

My Commission Expires



Dear Participant:

Subject: Relative Values of Optional Forms of Retirement Payments and the Consequences of Failing to Defer the Commencement of Benefits

This letter and the attached chart explain what Relative Value is, how it affects the benefit payment options available under the Plan, and how it can help you make a more informed decision about the form in which you receive payment of your retirement benefits.

What is Relative Value?

IRS regulations require pension plans such as ours to give retiring participants and their spouses a comparison of the relative values of the benefit payment options generally available under the plan. The aim is to help you make an informed choice about the form in which you receive your retirement benefits.

“Relative value” means the actuarial present value of each optional form of payment compared to the value of the Qualified Joint and Survivor Annuity (QJSA) or, for unmarried people, the Plan’s normal form of annuity payment, the Single Life Annuity. If the relative value of the optional form falls within IRS-prescribed parameters, it may be described as “approximately equal” to the QJSA or normal form. In the boxes next to the names of optional benefit forms on the chart that follows, “AE” stands for “approximately equal.”

How Am I Impacted?

The attached chart shows the relative values of the benefit payment options that our Plan makes generally available to retiring participants. As you can see, most of them are approximately equal in value (indicated by “AE”) as a QJSA or normal form of annuity for a participant who is the same age as his or her spouse or beneficiary and who is retiring at age 55, 60, 65 or 70. However, the relative value of the Partial Lump Sum Payment for a Married Participant retiring at age 70 is higher than the benchmark QJSA form of payment. This conclusion is based on the valuation and reporting methodologies described in the IRS regulation, which can be found at Treas. Reg. section 1.417(a)(3)-1. Upon your written request, we will give you a similar comparison based on your own age and estimated benefits, and on any other payment forms for which you are eligible.

7/14/2009



How Are Relative Values Determined?

These relative values compare the actuarial values of the benefit payment options to the actuarial value of the QJSA form of payment (or the normal form of payment of a Single Life Annuity). Actuarial values of pension benefits are determined using mortality and interest rate assumptions. Mortality assumptions are based on standardized tables developed by actuarial organizations and life insurance companies. These organizations analyze information about large groups of people to project the rates at which groups of individuals at different ages are expected to die. These statistical mortality projections are used to develop "average life expectancies." The interest rate assumption is an estimate of the likely investment earnings, over time, on the money put aside to pay the Plan's benefits. This is relevant in the determination of actuarial value because investment earnings will provide some of the funds used to pay the retirement benefits.

These values were calculated, for comparison purposes, assuming the Plan's investments will earn 7% interest per year and that, on average, participants will live as long as predicted under the 1971 Group Annuity Mortality Table. However, for comparing the partial lump sum option to the other forms, the interest assumption was the Yield Curve for December 2008 and the mortality table was the 2009 Lump Sum Unisex Mortality Table, as required by the IRS regulation.

Please Note

It is important that you realize that the information provided in the attached chart does not guarantee or even predict the amount of benefits you will actually receive after you retire. The actual value of a stream of annuity payments for any individual, and its comparison to the values of different payment forms, will vary depending on how long the individual and spouse in fact live and on their ages when payments start.

This is only one source of information you should take into account when choosing the payment form for your retirement benefits under the Plan. Other factors to help you decide what a payment option is worth to you personally include your health, your other sources of retirement income, the resources available to your spouse or family after your death, availability of life insurance, etc. You may want to consult a financial advisor in making this important decision.

If you wish to obtain a comparison of relative values for your specific benefit estimate, please send a written request to:

**Pipeline Industry Pension Fund
4845 South 83rd East Avenue
Tulsa, Oklahoma 74145**

7/14/2009



Relative Value Charts for
Pipeline Industry Pension Fund

Non-Disability Single Participant

Commencement Age	Normal Form Life Only	Life with 10 Year Certain	Partial Lump Sum Payment
55	100%	AE	AE
60	100%	AE	AE
65	100%	AE	AE
70	100%	AE	AE

Non-Disability Married Participant

Commencement Age	Life Only	QJSA 50% J&S	75% J&S	100% J&S	50% J&S with Pop-up	75% J&S with Pop-up	100% J&S with Pop-up	Life with 10Year Certain	Partial Lump Sum Payment
55	AE	100%	AE	AE	AE	AE	AE	AE	AE
60	AE	100%	AE	AE	AE	AE	AE	AE	AE
65	AE	100%	AE	AE	AE	AE	AE	AE	AE
70	AE	100%	AE	AE	AE	AE	AE	AE	105.2%

FOR LUMP SUM PAYMENT OPTION: AE: Approximately equal in value

Assumptions:

Interest Yield Curve, Segmented, for December 2008 – 4.41% (5), 4.57% (15), 4.27%
 Participant Mortality 2009 Lump Sums Unisex
 Beneficiary Mortality 2009 Lump Sums Unisex
 Spouse Age Spouse and participant are same age

FOR ALL OTHER OPTIONS: AE: Approximately equal in value

Assumptions:

Interest 7.00%
 Participant Mortality 1971 Group Annuity Mortality Table for Males
 Beneficiary Mortality 1971 Group Annuity Mortality Table for Males with ages set back 7 years
 Spouse Age Spouse and participant are same age



ATTENTION: SPOUSE OF RETIREE APPLICANT
Notice and Explanation of Joint and Survivor Benefits
Spousal Waiver Provisions
On Application

1. What is a Qualified Joint and Survivor Annuity (QJSA)?

Federal law requires the Pipeline Industry Pension Fund to pay retirement benefits in a special payment form unless your spouse chooses a different payment form and you agree to that choice. This special payment form is often called a "qualified joint and 50% survivor annuity" or "QJSA" payment form. The QJSA payment form gives your spouse a monthly retirement payment for the rest of his or her life. This is often called an "annuity." Under the QJSA payment form, after your spouse dies, each month the plan will pay you 50% percent of the retirement benefit that was paid to your spouse. The benefit paid to you after your spouse dies is often called a "survivor annuity" or a "survivor benefit." You will receive this survivor benefit for the rest of your life. Alternatively, your spouse can elect an optional survivor annuity that would pay you 75% or 100% of the retirement benefit that was paid to your spouse. In each case, the amount that would otherwise be paid to your spouse for his lifetime is reduced to provide a benefit to you for your lifetime after his death.

Example

Pat Doe and Pat's spouse, Robin, receive payments from the plan under the QJSA payment forms of retirement. While he worked, Pat earned 20 years of credited service before his retirement at age 60 in 2001. Therefore, beginning after Pat retires, Pat receives \$1245.00 each month from the plan. Pat then dies. The plan will pay Robin \$622.50 a month for the rest of Robin's life.

2. How Can Your Spouse Change the Way Benefits Are Paid?

If you and your spouse are married at the time he retire, your spouse and you will receive benefits from the plan in the special QJSA payment form required by federal law unless your spouse chooses a different payment form and you agree to the choice. If you agree to change the way the plan's retirement benefits are paid, you give up your right to the special QJSA payments.

3. Do You Have to Give Up Your Right to the QJSA Benefit?

No, your choice must be voluntary. It is your personal decision whether you want to give up your right to the special QJSA or other optional survivor annuity payment form.

4. What Other Benefit Forms Can My Spouse Choose?

If you agree, your spouse can choose to have the retirement benefits paid in a different form. Other payment forms may give your spouse larger retirement benefits while he or she is alive, but might not pay you any benefits after your spouse dies. Or the other payment forms might pay a lump sum to your spouse and give you a smaller monthly benefit after your spouse dies. Or the other payment forms might pay a different person



who your spouse names as beneficiary to receive the remaining benefit. The plan's optional forms are the Single Life Annuity, the Joint and 50%, 75% or 100% Survivor Annuity, the Ten Year Guaranteed Period option, and the 12, 24, 36, 48, 60 and 72 month Lump Sum options.

Example of Single Life Annuity Payment Form

If Pat and Robin Doe receive retirement benefits in the special QJSA payment form, Pat would receive retirement benefits of \$1245.00 each month from the plan until Pat dies and Robin would receive \$ 622.50 a month for the rest of Robin's life. However, Pat and Robin Doe agree not to receive retirement benefits in the special QJSA payment form and decide instead to receive payments only during Pat's life – a life annuity. After Pat retires, Pat will receive \$1500.00 each month from the plan until Pat's death. Robin will not receive any payments from the plan after Pat's death.

Example of Partial Lump Sum Payment Form

Pat and Robin Doe agree not to receive the special QJSA payments and decide instead that Pat will receive a single payment equal to the value of 24 months of Pat's accrued retirement benefits and will then receive an actuarially reduced joint and 50% survivor option. Pat will receive a lump sum payment of \$36,000 and will receive a monthly benefit of \$1,135.00. When Pat dies, Robin will receive monthly benefits in the amount of \$567.50 until her death.

Example of Naming a Beneficiary Who Is Not the Spouse

If you agree, your spouse can select the Ten Year Guaranteed Period option and can name someone other than yourself to receive the rest of the Guaranteed Period benefit from the plan after your spouse dies under the Ten Year Guaranteed Period option. The person your spouse selects to receive the remaining benefit is called a beneficiary. If you agree to let your spouse name someone else as the beneficiary for this benefit, you will not receive any payments from the plan after your spouse dies. If your spouse dies before the end of the 10-year period following his retirement, his beneficiary will receive the rest of the payments for the remainder of the 10-year period, and you will not receive a benefit.

Pat and Robin Doe select the Ten Year Guaranteed Period option payment form. Pat and Robin agree that if Pat dies before the end of the Ten Year Guaranteed Period, the survivor benefit will be paid to Pat and Robin's child, Chris. Pat receives \$1,401.30 each month for 8 years and then dies. After Pat dies, the plan will pay \$1,401.30 a month to Chris for 2 years, and Robin will not receive a benefit.

5. Can Your Spouse Make Future Changes If You Sign Your Waiver?

No, not unless you agree. If you waive your rights to a QJSA benefit, you agree that benefits under the plan will be paid in the form stated in your spouse's pension application. You also agree that the beneficiary named if other than yourself in the application will receive the rest of the Ten Year Guaranteed Period benefits from the plan after your spouse has died if he dies before the end of that period. Your spouse cannot change the beneficiary unless you agree to the change by signing a request of change.



6. Can You Change Your Mind After You Sign Your Waiver?

Once pension payments begin, your decision is final. You cannot change your waiver after you sign it unless you change before the member's date of retirement and you notify the plan administrator before that date.

7. What Happens to this Agreement If You Become Separated or Divorced?

The plan is only required to pay benefits in the form of a QJSA or an optional survivor annuity if your spouse is married to you at the time of his retirement or if you have a special court order (which is called a qualified domestic relations order or a QDRO) that would give you rights to receive retirement benefits. If you are thinking about separating or getting a divorce, you should get legal advice on your rights to benefits from the plan.

8. What Should You Know Before Signing A Waiver?

This is a very important decision. You should think very carefully about whether you want to waive your rights to a QJSA or optional survivor annuity. Before signing a waiver, be sure that you understand what retirement benefits you may get and what benefits you will no longer be able to receive.

Your spouse should have received information on the types of retirement benefits available from the plan. If you have not seen this information, you should get it and read it before you sign this agreement. For additional information, you can contact the Fund Office at the following address or telephone number: P. O. Box 470950, Tulsa, Oklahoma 74147-0950 (918) 280-4800.

9. Your Waiver

By signing the "Spouse's Waiver Of Benefit Rights" on the pension application, you understand that you have the right to have the Pipeline Industry Pension Fund pay your spouse's retirement benefits in the special QJSA payment form, and you agree to give up that right. You understand that by signing this waiver, you may receive less than you would have received under the special QJSA payment form or you may receive nothing after your spouse dies, depending on the payment form [or beneficiary] that your spouse chooses.

You agree that your spouse can receive retirement benefits in the form he chooses. You also agree to your spouse's choice of beneficiary who will receive the rest of the Ten Year Guaranteed Period after your spouse dies. You understand that your spouse cannot choose a different form of retirement benefit except the QJSA or optional survivor annuity or a different beneficiary unless you agree to the change.

You understand that you do not have to sign this agreement. You are signing this agreement voluntarily.

You understand that if you do not sign this agreement, then your spouse and you will receive payments from the plan in the special QJSA payment form.



PIPELINE INDUSTRY PENSION FUND
30 DAY ELECTION WAIVER

FOR: JOHN Q DOE JANE DOE
Participant Spouse

IF YOU DO NOT RETURN THIS FORM SIGNED AND NOTARIZED, WE WILL NOT BE ABLE TO ISSUE YOUR CHECK UNTIL AT LEAST 30 DAYS AFTER THE EFFECTIVE DATE OF YOUR RETIREMENT.

You have at least 30 days after the Plan provides you with notice of your payment options to decide which form of payment you wish to elect.

You may waive the 30-day waiting period and begin receiving payment as early as the first day of the month of your written effective date on your application for retirement benefits, provided your completed application for benefits and all required documents and information have been submitted to the Fund office 7 days before the first day of the month of scheduled retirement.

Once the 30-day or, if waived, the 7-day, waiting period has passed and we have received your election form indicating how you would like your pension to be paid, your pension payment will begin as soon as administratively practical.

I hereby acknowledge receipt of this explanation and waive the 30-day waiting period

Participant Signature _____ Date _____

Spouse Signature _____ Date _____

NOTARY PUBLIC

State of _____)
County of _____) SS:

On the ___ day of _____, 20___, before me came _____

and _____ to me known and known to me to be the person(s) described in and who executed the above statement(s) and he/she/they duly acknowledge to me that he/she/they executed the same.

(Notary Public) My Commission Expires



**ALTERNATE PAYEE
OR LIEN DISCLOSURE**

If you have any knowledge of any court ordered deduction from your available pension benefit that is not reflected on your application for benefits, it is your responsibility to make the PIPF staff aware of it.

I, JOHN Q DOE do swear that to the best of my knowledge, I have provided all information and documentation required to verify any liens against any pension benefit available on my behalf with the Pipeline Industry Pension Fund, such as a Qualified Domestic Relations Order (QDRO), Community Property Petition, or any other court ordered lien against my eligible pension benefits.

Participant's Signature _____ Date _____

NOTARY PUBLIC

State of _____)
County of _____) SS:

On the ____ day of _____, 20____, before me came _____

to me known and known to me to be the person described in and who executed the above statement(s) and he/she duly acknowledge to me that he/she executed the same.

(Notary Public)

My Commission Expires



**PIPELINE INDUSTRY PENSION FUND
ELECTION OR REJECTION OF DIRECT ROLLOVER
TO AN IRA OR RETIREMENT PLAN**

ATTENTION: BEFORE COMPLETING THIS FORM YOU SHOULD READ THE SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS CAREFULLY. YOU MAY ALSO WISH TO CONSULT WITH YOUR PROFESSIONAL TAX ADVISOR OR INVESTMENT CONSULTANT BEFORE MAKING THIS ELECTION.

COMPLETE THIS FORM ONLY IF YOU WILL RECEIVE A PAYOUT IN A LUMP SUM.

JOHN Q DOE	888-88-8888
_____ Participant's Name	_____ Social Security Number
JANE DOE	888-88-8886
_____ Spouse's Name	_____ Social Security Number
4845 S 83RD E AVE	TULSA OK 74145
_____ Street Address	_____ City State Zip Code

If you elect to receive part or all of your benefits as a lump sum, that payment will be an "eligible rollover distribution". You may elect to have part or all of that distribution transferred directly to an Individual Retirement Account (IRA) or to another eligible retirement plan (if it accepts rollovers). If you choose **not** to have an eligible rollover distribution transferred directly to an IRA or other eligible retirement plan, the Plan is required to withhold 20% of the payment for Federal income taxes. This withholding does not increase your taxes; but will be credited against any income tax you owe. (For further information on direct rollovers and withholdings, please read the Special Notice Regarding Plan Payments that the Plan has given to you).

You may choose to have only part of the payment directly rolled over and have the rest paid to you. Withholding will be taken out of any part that is not directly rolled over. If you want to have only part of your payment directly rolled over, please tell us the amount (at least \$500) that you would like to roll over.

Check below to indicate whether or not you elect a direct rollover of your partial or lump sum pension payment:

1. _____ I do not want to roll over any part of my payment to an IRA or other eligible retirement plan. Pay me the full amount of my benefits after withholding 20% for Federal income taxes as required by law.
2. _____ Please roll over my payment directly to:
 - A. _____ The IRA named below: or
 - B. _____ An eligible retirement plan which accepts rollovers that is named below:
3. _____ I would like to have only part of my payment directly rolled over. Please roll over \$ _____ to the IRA or eligible retirement plan named below and pay the remainder of my benefit to me after withholding 20% for Federal income taxes as required by law.

If you elected a direct rollover, you must provide all of the following information. No direct rollover can be made without this information.

_____ Signature	_____ Date
_____ Spouse Signature	_____ Date



**PIPELINE INDUSTRY PENSION FUND
CERTIFICATION**

If you elected a direct rollover (Items 2 or 3), you must provide all of the following information:

Name of Trustee (IRA or Plan Name)

Participant

Contact

Mailing Address

Account Number

City State Zip Code

CERTIFICATION

I certify that the recipient of a direct rollover that I have named above is an Individual Retirement Account, an Individual Retirement Annuity or a eligible retirement plan that accepts rollovers. I understand that payment of my benefits to the Trustees of the IRA or eligible retirement plan will release the Trustees of this Defined Benefit Pension Plan from any further obligations or responsibilities with respect to the benefits so paid.

Signature

Date



SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

A payment from the Plan that is eligible for "rollover" can be taken in 2 ways. You can have all or any portion of your payment either:

1. **PAID IN A "DIRECT ROLLOVER" or;**
2. **PAID TO YOU.**

A rollover is a payment of your Plan benefits to your individual retirement arrangement (IRA) or to another employer plan. This choice will affect the tax you owe.

If you choose a **Direct Rollover**:

1. Your payment will not be taxed in the current year and no income tax will be withheld.
2. Your payment will be made directly to your IRA or, if you choose, to another employer plan that accepts your rollover.
3. Your payment will be taxed later when you take it out of the IRA or the employer plan.

If you choose to have your Plan benefits **PAID TO YOU**:

1. You will receive only 80% of the payment because the Plan administrator is required to withhold 20% of the payment and send it to the Internal Revenue Service (IRS) as income tax withholding to be credited against your taxes.
2. Your payment will be taxed in the current year unless you roll it over. You may be able to use special tax rules that could reduce the tax you owe.
3. You can roll over the payment to your IRA or to another employer plan that accepts your rollover within 60 days of receiving the payment. The amount rolled over will not be taxed until you take it out of the IRA or employer plan.
4. If you want to roll over 100% of the payment to an IRA or an employer plan, you must find other money to replace the 20% that was withheld. If you roll over only the 80% that you received, you will be taxed on the 20% that was withheld and that is not rolled over.

FROM

PIPELINE INDUSTRY PENSION FUND
P. O. BOX 470950
TULSA, OK 74147-0950

The TAX EQUITY AND FISCAL RESPONSIBILITY ACT OF 1982 requires that federal income tax be withheld from payment on the taxable portion of pensions, some annuities and other deferred compensation plans effective January, 1983. You may, however, elect not to have this tax withheld. If you elect not to have Federal income tax withheld, you are liable for Federal income tax on the portion of those payments. You may also be subject to the tax penalties under estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. You may change your election at any time. The election you make on this form will remain in effect until you revoke it.

Recipient Social Security Number:
888-88-8888

Listed below are plans you have with this institution that will be affected by this tax law:

PIPELINE INDUSTRY PENSION FUND

Withholding Choice: (Check (✓) box 1 or 2 below)

- 1. Do not withhold Federal income tax from payments on the above plan(s).
- 2. Withhold Federal income tax from payment on the above plan(s).

Complete a and b below if you chose to have Federal income tax withheld on your periodic pension/annuity payments.

a. Marital Status: (✓)

Single Married

b. Withholding Allowances: (Check () boxes that apply)

Yourself 65 or Over Blind Total boxes checked
 Spouse 65 or Over Blind and enter number here

Enter number of dependents here

TOTAL WITHHOLDING ALLOWANCES: (Add Boxes 1 and 2)

IMPORTANT - If you do not return this form by the above date, federal income tax will automatically be withheld from the following: PERIODIC PAYMENTS (Pensions and some annuities) as if you were married claiming three withholding allowances. As a result, no Federal income tax will be withheld if the taxable portions of your pension or annuities is less than \$1,480 a month.

NONPERIODIC PAYMENTS (Distributions or withdrawals from Annuities, IRA'S Pensions, Profit Sharing, Stock Bonus and other deferred compensation plans) according to established IRS tables and rates. Marital status and withholding allowances do not pertain to nonperiodic payments.

ADDITIONAL DEDUCTIONS (OPTIONAL)

If you wish to have any additional income tax withheld from each payment, enter amount here.

\$ _____

JOHN Q. DOE
Name

4845 S. 83RD E AVE.
Home Address- Number and Street

TULSA, OK 74145
City, St Zip Code

Signature (Form must be signed and dated) Date

STATE TAX WITHHOLDING FORM

FROM

PIPELINE INDUSTRY PENSION FUND
P. O. BOX 470950
TULSA, OK 74147-0950

The State income tax may be withheld from payment on the taxable portion of pensions, some annuities and other deferred compensation plans. You may, however, elect not to have this tax withheld. If you elect not to have State income tax withheld, you are liable for State income tax on the taxable portion of those payments. You may also be subject to the tax penalties under estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. You may change your election at any time. The election you make on this form will remain in effect until you revoke it.

Recipient Social Security Number

888-88-8888

Listed below are plans you have with this institution that will be affected by the elections on this form:

PIPELINE INDUSTRY PENSION FUND

Enter the state below for income tax withholding:

State:

Oklahoma

Withholding Choice: (Check (✓) box 1 or 2 below)

- Do not withhold State income tax from payments on the above plan(s).
- Withhold State income tax from payment on the above plan(s).

Leave a. and b. blank to use your Federal Marital Status and Withholding Allowances.

Complete a. and b. below if you chose to change your Federal and State Marital Status and Withholding Allowances.

a. Marital Status: (✓) Single Married

b. Total Withholding Allowances: _____

ADDITIONAL DEDUCTIONS (OPTIONAL)

If you wish to have any additional State income tax withheld from each payment, enter amount here.

\$ _____

John Q. Doe
Name

4845 S. 83rd E. Ave.
Home Address- Number and Street

Tulsa, OK 74145
City, State, Zip Code

NOTE - Entries for Marital Status and Withholding Allowances will override the Federal Marital Status and Federal Withholding Allowances.

Federal Marital Status and Withholding Allowances are used for both Federal and State withholding calculations.

Signature _____ (Form must be signed and dated) Date _____

April 20, 2021

Dear Retiree:

AUTOMATIC ELECTRONIC DEPOSIT FOR PENSION CHECKS

The Fund **requires** that you have your pension benefit electronically deposited into your bank account. Your pension benefit will be deposited on the first business day of each month.

Please complete the enclosed electronic deposit form and attach a voided check for the account you want your benefit deposited into or have the form notarized. Notifications must be received before the 20th of the month to ensure the deposit for the following month.

Sincerely,



Renee E. Vause
Director

REV:wt
Enclosure: Direct Deposit Form

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize the PIPELINE INDUSTRY PENSION FUND, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK NAME:

BANK ADDRESS:

CITY:

STATE:

ZIP:

BANK PHONE:

ROUTING NUMBER:

ACCOUNT NUMBER:

Checking
 Savings

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

JOHN Q DOE

888-88-8888

NAME:

SOC SEC NUM:

SIGNATURE:

DATE:

ATTACH A COPY OF A VOIDED PREPRINTED CHECK HERE:

RETURN THIS FORM TO:

**PIPELINE INDUSTRY PENSION FUND FAX 918-280-4899
PO BOX 470950
TULSA, OK 74147-0950**

This form MUST be notarized if any of the following apply:

- 1) Check copy attached has no name on the account or is not in retiree's name
- 2) No check copy is attached

NOTARY PUBLIC

State of _____)

) SS:

County of _____)

On the _____ day of _____, 20____, before me came _____ and

_____ to me known and known to me to be the person(s) described in and who executed the above statement(s) and he/she/they duly acknowledge to me that he/she/they executed the same.

(Notary Public)

My Commission Expires



IMPORTANT!

- Check to see if you have completed your application properly by marking the desired box within the chosen option and have signed and dated this option only.
- If you are married, check to see that the “Spouse’s Waiver Of Benefit Rights” on the application has been signed by your spouse and notarized.
- Provide on the application, a person who does not live with you to contact in case of emergency.

DOES PIBF HAVE THE FOLLOWING NECESSARY INFORMATION?

1. Your proof of birth;
2. The proof of birth for your spouse if you are choosing a joint and survivor option;
3. Your certificate of marriage if you have chosen a joint and survivor option;
4. Your signed and notarized 30 Day Election Waiver form;
5. Your signed and notarized Alternate Payee Disclaimer form;
6. Your completed Direct Roll Over form if you have chosen Option 2 or Option 3 with a lump sum benefit, EVEN if you wish to have the lump sum paid to yourself;
7. Your signed Electronic Deposit form if you wish to have your pension benefit deposited directly into your chosen bank account;
8. The completed W4-P tax withholding statement advising our staff if you DO or DO NOT wish to have taxes withheld from your pension benefit;
9. Your Assignment & Authorization Request form if you are eligible for medical coverage.
10. Signed Lump Sum Option, as well as monthly option.

If not, please be sure to include it when you return your completed application.

**YOUR PENSION APPLICATION CANNOT BE PROCESSED
UNLESS THIS NECESSARY INFORMATION IS ON FILE AT PIBF!**