

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



June 12, 2024

John Q. Doe
45485 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.

You cannot work and draw your pension before age 62. The Plan states that retirees can work on covered employment and draw their pension when they reach age 62.

Should you have any questions, please let us know.

Sincerely,

A handwritten signature in black ink that reads "Renée E. Vause". The signature is written in a cursive, flowing style.

Renée E. Vause
Director

REV:csw

BEFORE MAILING IN

Document

- Signed and dated lump sum option **and** monthly option (Spouse must sign Spouse Acknowledgment of Benefit Rights and Get Notarized if Married)
- Blue Light Announcement Waiver (This determines whether or not you want your retirement published)
- Photocopy of Participant Birth Certificate (or valid passport) **DO NOT SEND ORIGINAL**
- Photocopy of Spouse Birth Certificate (or valid passport) **DO NOT SEND ORIGINAL**
- Photocopy of Marriage License (if choosing a survivor option) **DO NOT SEND ORIGINAL**
- 30 Day Election Waiver (Signed by Participant and Spouse. Must be Notarized)
- Alternate Payee Disclaimer (Signed by Participant. Must be Notarized)
- Direct Rollover Form (Signed by Participant and Spouse)
- Direct Deposit (Make sure form is signed and dated)
- W-4 Tax Withholding (Make sure you choose whether or not you want taxes held out of your monthly check, and if so, choose withholding. Make sure you sign and date)
- Assignment and Authorization if Eligible for Retiree Coverage
- Coordination of Benefits
- Working Rules if Under 62 (Signed by Participant and Spouse. Must be Notarized)

*Please make sure you have signed and notarized every document that is applicable to you. This will help ensure that your pension application will be processed in a timely manner.

*If one or more of these documents are not in your packet, they do not apply to you.

As always, if you have any questions, please feel free to contact the Pension Department at 918-280-4800





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			
JOHN Q. DOE Name	888-88-8888 Social Security No.	12-25-1960 Date of Birth	798 Local Union No.
4845 S. 83RD E. AVE Home Address- Number and Street	TULSA, OK 74145 City, St Zip Code		918-282-4800 Telephone No.
JANE Q. DOE Name of Beneficiary	888-88-8886 Social Security No.	Spouse Relationship	03-31-1961 Date of Birth
Same As Above Home Address- Number and Street		City	State Zip Code
Person who does not live with you to contact in emergency		Relationship	Telephone No.

EFFECTIVE DATE OF RETIREMENT: Your pension will become effective 07-01-2024 if this application and proof of birth are returned to this office on or before 6/30/2024 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	\$120.00 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	87.566%	\$1,151.20	\$575.60
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	82.441%	\$1,083.83	\$812.87
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	77.883%	\$1,023.90	\$1,023.90
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>06-30-2034</u>	91.960%	\$1,208.97	\$1,208.97

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

DATED _____

Signature of Member (signature required)

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>-\$107.17</u>	(Factor 147.2061)
NET MONTHLY AMT.	<u>\$1,207.50</u>	

TYPE OF RETIREMENT SELECTED	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	\$1,207.50	NONE
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	87.566%	\$1,057.36	\$528.68
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	82.441%	\$995.48	\$746.61
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	77.883%	\$940.44	\$940.44
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>06-30-2034</u>	91.960%	\$1,110.42	\$1,110.42

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>-\$214.34</u>	(Factor 147.2061)
NET MONTHLY AMT.	<u>\$1,100.33</u>	

TYPE OF RETIREMENT SELECTED	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	\$1,100.33	NONE
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	87.566%	\$963.52	\$481.76
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	82.441%	\$907.12	\$680.34
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	77.883%	\$856.97	\$856.97
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>06-30-2034</u>	91.960%	\$1,011.86	\$1,011.86

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>-\$321.51</u>	(Factor 147.2061)
NET MONTHLY AMT.	<u>\$993.16</u>	

TYPE OF RETIREMENT SELECTED	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	\$993.16	NONE
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	87.566%	\$869.67	\$434.84
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	82.441%	\$818.77	\$614.08
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	77.883%	\$773.50	\$773.50
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>06-30-2034</u>	91.960%	\$913.31	\$913.31

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

DATED _____

Signature of Member (signature required)

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>-\$428.68</u>	(Factor 147.2061)
NET MONTHLY AMT.	<u>\$885.99</u>	

	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	\$885.99	NONE
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	87.566%	\$775.83	\$387.91
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	82.441%	\$730.42	\$547.81
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	77.883%	\$690.04	\$690.04
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>06-30-2034</u>	91.960%	\$814.76	\$814.76

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>-\$535.85</u>	(Factor 147.2061)
NET MONTHLY AMT.	<u>\$778.82</u>	

	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	\$778.82	NONE
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	87.566%	\$681.98	\$340.99
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	82.441%	\$642.07	\$481.55
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	77.883%	\$606.57	\$606.57
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>06-30-2034</u>	91.960%	\$716.20	\$716.20

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 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>-\$643.02</u>	(Factor 147.2061)
NET MONTHLY AMT.	<u>\$671.65</u>	

	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	\$671.65	NONE
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	87.566%	\$588.14	\$294.07
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	82.441%	\$553.72	\$415.29
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	77.883%	\$523.10	\$523.10
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>06-30-2034</u>	91.960%	\$617.65	\$617.65

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

DATED _____ _____
Signature of Member (signature required)

SPOUSE'S ACKNOWLEDGMENT OF BENEFIT RIGHTS
(Must be signed by spouse and Notarized)

By signing this form, I understand and acknowledge the pension choice my spouse has chosen. **Item 1:** No beneficiary benefits to spouse after death of member - **Item 2 thru 4:** Widow's benefit guaranteed to widow for his/her lifetime after death of member - **Item 5:** Spouse can be beneficiary but I understand the member can change the beneficiary at any time before his/her death. I have read the enclosed notice and explanation of joint and survivor benefits.

DATED _____
STATE OF _____ }
 } SS
COUNTY OF _____ }

Signature of Spouse (signature required)

Before me, the undersigned, a Notary Public, in and for said County and State, on this _____ day of _____ 20____, personally appeared Mr. _____ and Mrs. _____ to me known to be the identical persons who executed the within and foregoing instrument, and acknowledged to me that they executed the same as free and voluntary act and deed for the uses and purposes therein set forth.

Given under my hand and seal of office the day and year above written.

My commission expires _____
PAGE 4 OF 4 _____
Notary Public

Member's Copy

Pension Application Form



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>918-282-4800</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 07-01-2024 if this application and proof of birth are returned to this office on or before 6/30/2024 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 \$120.00 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	87.566%	\$1,151.20	\$575.60
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	82.441%	\$1,083.83	\$812.87
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	77.883%	\$1,023.90	\$1,023.90
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>06-30-2034</u>	91.960%	\$1,208.97	\$1,208.97

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>-\$107.17</u>	(Factor 147.2061)	
NET MONTHLY AMT.	<u>\$1,207.50</u>		

	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	\$1,207.50	NONE
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	87.566%	\$1,057.36	\$528.68
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	82.441%	\$995.48	\$746.61
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	77.883%	\$940.44	\$940.44
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>06-30-2034</u>	91.960%	\$1,110.42	\$1,110.42

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>-\$214.34</u>	(Factor 147.2061)	
NET MONTHLY AMT.	<u>\$1,100.33</u>		

	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	\$1,100.33	NONE
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	87.566%	\$963.52	\$481.76
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	82.441%	\$907.12	\$680.34
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	77.883%	\$856.97	\$856.97
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>06-30-2034</u>	91.960%	\$1,011.86	\$1,011.86

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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>-\$321.51</u>	(Factor 147.2061)	
NET MONTHLY AMT.	<u>\$993.16</u>		

	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	\$993.16	NONE
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	87.566%	\$869.67	\$434.84
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	82.441%	\$818.77	\$614.08
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	77.883%	\$773.50	\$773.50
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>06-30-2034</u>	91.960%	\$913.31	\$913.31

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

DATED _____

Signature of Member (signature required)

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. \$1,314.67
 LUMP SUM ADJ. -\$428.68 (Factor 147.2061)
 NET MONTHLY AMT. \$885.99

TYPE OF RETIREMENT SELECTED	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	\$885.99	NONE
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	87.566%	\$775.83	\$387.91
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	82.441%	\$730.42	\$547.81
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	77.883%	\$690.04	\$690.04
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>06-30-2034</u>	91.960%	\$814.76	\$814.76

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. \$1,314.67
 LUMP SUM ADJ. -\$535.85 (Factor 147.2061)
 NET MONTHLY AMT. \$778.82

TYPE OF RETIREMENT SELECTED	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	\$778.82	NONE
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	87.566%	\$681.98	\$340.99
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	82.441%	\$642.07	\$481.55
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	77.883%	\$606.57	\$606.57
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>06-30-2034</u>	91.960%	\$716.20	\$716.20

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

DATED _____

Signature of Member (signature required)

(If you choose this option, please check selection **before** returning)

LUMP SUM BENEFIT \$94,656.24

RETIREMENT AMT. \$1,314.67
 LUMP SUM ADJ. -\$643.02 (Factor 147.2061)
 NET MONTHLY AMT. \$671.65

TYPE OF RETIREMENT SELECTED	ACTUARIAL FACTOR	MEMBERS PENSION	SURVIVOR BENEFITS
1. <input type="checkbox"/> Early Retirement	100.000%	\$671.65	NONE
2. <input type="checkbox"/> Early Retirement with Joint & 50% Survivor Option	87.566%	\$588.14	\$294.07
3. <input type="checkbox"/> Early Retirement with Joint & 75% Survivor Option	82.441%	\$553.72	\$415.29
4. <input type="checkbox"/> Early Retirement with Joint & 100% Survivor Option	77.883%	\$523.10	\$523.10
5. <input type="checkbox"/> Early Retirement with Ten Year Guaranteed Period Survivor Benefit Guaranteed through <u>06-30-2034</u>	91.960%	\$617.65	\$617.65

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

DATED _____

Signature of Member (signature required)

PAGE 3 OF 4

Return to PIBF Upon Completion

Pension Application Form

REVISED 12/13/2017

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

JUNE 12, 2024
 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	

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 PAGE NUMBER 2

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

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

PLAN YEAR	CL	HOURS CREDITED	SERVICE CREDITS	TOTAL YRS-MO	RESV MTHS	RATE YEAR	MULT RATE	EARNED AMOUNT		
2008		.00		11-02		2008	.00	.00		
2009		.00		11-02		2008	.00	.00		
2010		.00		11-02		2008	.00	.00		
2011		.00		11-02		2008	.00	.00		
2012		.00		11-02		2008	.00	.00		
2013		.00		11-02		2008	.00	.00		
2014		.00		11-02		2008	.00	.00		
2015		.00		11-02		2008	.00	.00		
2016		.00		11-02		2008	.00	.00		
2017		.00		11-02		2008	.00	.00		
2018		.00		11-02		2008	.00	.00		
2019		.00		11-02		2008	.00	.00		
2020		.00		11-02		2008	.00	.00		
2021		.00		11-02		2008	.00	.00		
2022		.00		11-02		2008	.00	.00		
2023		.00		11-02		2008	.00	.00	FUTR REPAIR	
2024		.00		11-02		2008	.00	.00	(22800 HRS	
Total Amount:								1,314.67	TOTL REPAIR	(23644 HRS

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JUNE 12, 2024
 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 7/01/2024 - EARLY UNREDUCED

YOUR BENEFITS ARE 100% VESTED!

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

EARLY UNREDUCED AT 63-6 \$1,314.67
 MEMBER'S SPOUSE AT - 63-3

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 06/30/2034	.91960	\$1,208.97	\$1,208.97
Joint & 50% Survivor Option	.87566	\$1,151.20	\$575.60
Joint & 75% Survivor Option	.82441	\$1,083.83	\$812.87
Joint & 100% Survivor Option	.77883	\$1,023.90	\$1,023.90
<hr/>			
12 MONTH LUMP SUM AMOUNT \$15,776.04 (FACTOR 147.2061 - LS ADJ \$107.17)	ACTUARIAL FACTORS	MEMBER BENEFITS	SURVIVOR BENEFITS
Early Unreduced Retirement Life Annuity	1.00000	\$1,207.50	none
Ten Yr. Guaranteed Period to 06/30/2034	.91960	\$1,110.42	\$1,110.42
Joint & 50% Survivor Option	.87566	\$1,057.36	\$528.68
Joint & 75% Survivor Option	.82441	\$995.48	\$746.61
Joint & 100% Survivor Option	.77883	\$940.44	\$940.44
<hr/>			
24 MONTH LUMP SUM AMOUNT \$31,552.08 (FACTOR 147.2061 - LS ADJ \$214.34)	ACTUARIAL FACTORS	MEMBER BENEFITS	SURVIVOR BENEFITS
Early Unreduced Retirement Life Annuity	1.00000	\$1,100.33	none
Ten Yr. Guaranteed Period to 06/30/2034	.91960	\$1,011.86	\$1,011.86
Joint & 50% Survivor Option	.87566	\$963.51	\$481.75
Joint & 75% Survivor Option	.82441	\$907.12	\$680.34
Joint & 100% Survivor Option	.77883	\$856.97	\$856.97

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

36 MONTH LUMP SUM AMOUNT (FACTOR 147.2061 - LS ADJ	ACTUARIAL FACTORS	MEMBER BENEFITS	SURVIVOR BENEFITS
\$47,328.12 (\$321.51)			
Early Unreduced Retirement Life Annuity	1.00000	\$993.16	none
Ten Yr. Guaranteed Period to 06/30/2034	.91960	\$913.31	\$913.31
Joint & 50% Survivor Option	.87566	\$869.67	\$434.83
Joint & 75% Survivor Option	.82441	\$818.77	\$614.08
Joint & 100% Survivor Option	.77883	\$773.50	\$773.50
48 MONTH LUMP SUM AMOUNT (FACTOR 147.2061 - LS ADJ	ACTUARIAL FACTORS	MEMBER BENEFITS	SURVIVOR BENEFITS
\$63,104.16 (\$428.68)			
Early Unreduced Retirement Life Annuity	1.00000	\$885.99	none
Ten Yr. Guaranteed Period to 06/30/2034	.91960	\$814.76	\$814.76
Joint & 50% Survivor Option	.87566	\$775.83	\$387.91
Joint & 75% Survivor Option	.82441	\$730.42	\$547.82
Joint & 100% Survivor Option	.77883	\$690.04	\$690.04
60 MONTH LUMP SUM AMOUNT (FACTOR 147.2061 - LS ADJ	ACTUARIAL FACTORS	MEMBER BENEFITS	SURVIVOR BENEFITS
\$78,880.20 (\$535.85)			
Early Unreduced Retirement Life Annuity	1.00000	\$778.82	none
Ten Yr. Guaranteed Period to 06/30/2034	.91960	\$716.20	\$716.20
Joint & 50% Survivor Option	.87566	\$681.98	\$340.99
Joint & 75% Survivor Option	.82441	\$642.07	\$481.55
Joint & 100% Survivor Option	.77883	\$606.57	\$606.57
72 MONTH LUMP SUM AMOUNT (FACTOR 147.2061 - LS ADJ	ACTUARIAL FACTORS	MEMBER BENEFITS	SURVIVOR BENEFITS
\$94,656.24 (\$643.02)			
Early Unreduced Retirement Life Annuity	1.00000	\$671.65	none
Ten Yr. Guaranteed Period to 06/30/2034	.91960	\$617.65	\$617.65
Joint & 50% Survivor Option	.87566	\$588.14	\$294.07
Joint & 75% Survivor Option	.82441	\$553.71	\$415.28
Joint & 100% Survivor Option	.77883	\$523.10	\$523.10

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).



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 Participant JANE DOE 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...

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...

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
Participant's Name

888-88-8888
Social Security Number

JANE DOE
Spouse's Name

888-88-8886
Social Security Number

4845 S 83RD E AVE
Street Address

TULSA OK 74145
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.

Withholding Certificate for Periodic Pension or Annuity Payments

Department of the Treasury
Internal Revenue Service

Give Form W-4P to the payer of your pension or annuity payments.

2023

Step 1: Enter Personal Information	(a) First name and middle initial JOHN Q	Last name DOE	(b) Social security number 888-88-8888
	Address 4845 S 83RD E AVE		
	City or town, state, and ZIP code TULSA OK 74145		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

Complete Steps 3-4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3-4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$	_____
	Multiply the number of other dependents by \$500	\$	_____
	Add other credits, such as foreign tax credit and education tax credits	\$	_____
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment	4(c)	\$ _____

**Step 5:
Sign
Here**

Your signature (This form is not valid unless you sign it.) _____ Date _____

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$160,200.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions *(continued)*

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b) – Deductions Worksheet *(Keep for your records.)*



1	Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,850 if you're single or head of household. • \$1,500 if you're married filing separately. • \$1,500 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,000 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

June 12, 2024

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.

NAME: JOHN Q DOE **SOC SEC NUM:** 888-88-8888

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!**