



PIPELINE INDUSTRY 401(k) FUND

VOLUNTARY EMPLOYEE SALARY REDUCTION AGREEMENT
FOR COLLECTIVELY BARGAINED EMPLOYEES
ENROLLMENT/CHANGE FORM

EMPLOYEE INFORMATION: (Please Print)

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Local Union #: _____ Employer: _____

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

CONTRIBUTION ELECTION:

Effective _____, my Employer will reduce my hourly wage by (check the appropriate box, but in an amount that will not cause me to exceed 15% of my gross wages or the annual limit allowed by the IRS):

- Contribution amount options: \$0.00, \$0.50, \$1.00, \$2.00, \$3.00, \$4.00, \$5.00, \$6.00, \$7.00

- 1. My Employer will contribute to the Plan on my behalf, the amount by which I have reduced my compensation under this Agreement (my "elective deferral contributions"). My elective deferral contributions are not subject to Federal tax and in most cases State income tax until distributed from the Plan, but are subject to Social Security and Medicare taxes.
2. This Agreement remains in effect until revoked by me. I may revoke my agreement at any time. I must notify my Employer of my reduction in writing by completing a new Agreement indicating an elective contribution of \$0.00, specifying the effective date. I understand that a seven (7) day waiting period is required to start or revoke this Agreement (Seven (7) days before the pay period or seven (7) days after the pay period).
3. I may modify my Voluntary Employee Salary Reduction amount by filing a new agreement with my Employer and the amount of my elective deferral contributions will be modified. I must file a new Agreement with each Employer.
4. If I enter a subsequent Voluntary Employee Salary Reduction Agreement after the date of this Agreement, it will revoke this agreement.
5. If no election has been made, the default election is the Target Date Funds.

AUTHORIZATION:

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

EMPLOYEE'S SIGNATURE _____

DATE _____

EMPLOYER'S SIGNATURE _____

DATE _____

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