



**PIPELINE INDUSTRY 401(k) FUND**  
**VOLUNTARY EMPLOYEE SALARY REDUCTION AGREEMENT**  
**ENROLLMENT/CHANGE FORM**

**EMPLOYEE INFORMATION:** (Please Print)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

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 (check the appropriate box), **in an amount that will not cause me to exceed the annual limit allowed by the IRS** - annual limits are shown on the PIBF website at [www.pibf.org](http://www.pibf.org).

- \$0.00     \$0.50     \$1.00     \$2.00     \$3.00     \$4.00     \$5.00     \$6.00  
 \$7.00     \$8.00     \$9.00     \$10.00     \$11.00     \$12.00     \$13.00  
 \$14.00     \$15.00

1. My Employer will contribute to the Plan on my behalf, the amount by which I have reduced my compensation using my elective deferral contributions (the "Agreement"). 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 or change of employer. 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. The withholding will become effective as soon as administratively feasible.
3. I may modify my Voluntary Employee Salary Reduction amount by filing a new agreement with my Employer and the amount of my elective deferral contributions will be modified. I must file a new Agreement with each Employer.
4. If I enter a subsequent Voluntary Employee Salary Reduction Agreement after the date of this Agreement, it will revoke this agreement.
5. If no investment election has been made, the default investment election is the Target Date Funds. (If a valid birthdate is missing, the default account will be the Money Market Account.) You may obtain additional information by contacting the Fund office at 918-280-4800 or the Trust of Oklahoma at 866-239-1042.

**AUTHORIZATION:**

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

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYER'S SIGNATURE

\_\_\_\_\_  
DATE