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.

Listed below are plans you have with this institution that will be affected l	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 <u>a</u> and <u>b</u> below if you chose to have Federal income tax withheld on your <u>periodic</u> pension/annuity payments. a. Marital Status:() Single Married
PERIODIC PAYMENTS (Pensions and some annuities) No Federal income tax will be withheld if the taxable portion of your pension or annuities is less than the amount based on withholding tables at married with 3 exemptions rate a month, unless you specify otherwise	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) **TOTAL WITHHOLDING ALLOWANCES: (Add Boxes 1)
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.	Name
ADDITIONAL DEDUCTIONS (OPTIONAL) If you wish to have any addional income tax withheld from each payment, enter amount here. \$	Home Address- Number and Street City, State, Zip Code
Signature (Form must be signed and dated) Date	