Western States Office and Professional Employees Pension Fund

Exhibit 13

POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVES BEFORE THE DEPARTMENT OF THE TREASURY FOR THE WESTERN STATES OFFICE AND PROFESSIONAL EMPLOYEES PENSION FUND

Applicant

The Board of Trustees of the Western States Office and Professional Employees Pension Fund
PMB 116
5331 SW Macadam Ave., Suite 258
Portland, OR 97239
Contact: Suzanne Mode, Co-Chair
T: (503) 224-0048
F: (503) 228-0149
E: Suzanne.Mode@OPEIU8.org
Plan Number: 001
Plan EIN: 94-6076144

Applicant hereby appoints the following representative(s) as attorney(s)-in-fact to represent the taxpayer before the Department of the Treasury and perform acts related to the attached application dated May 15, 2018 for suspension of benefits under §432(e)(9) of the Internal Revenue Code of 1986, as amended.

Representatives' information:

<table>
<thead>
<tr>
<th>Joseph L. Reinhart</th>
<th>Paul L. Graf</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph L. Reinhart, P.C.</td>
<td>Rael &amp; Letson</td>
</tr>
<tr>
<td>7355 SW Hermoso Way</td>
<td>999 Third Avenue, Suite 1530</td>
</tr>
<tr>
<td>Tigard, OR 97223</td>
<td>Seattle, Washington 98104</td>
</tr>
<tr>
<td>T: (503) 530-8384</td>
<td>T: (206) 445-1852</td>
</tr>
<tr>
<td>F: (503) 530-8837</td>
<td>F: (206) 445-1840</td>
</tr>
<tr>
<td>E: <a href="mailto:joe@nwerispaw.com">joe@nwerispaw.com</a></td>
<td>E: <a href="mailto:paulg@rael-letson.com">paulg@rael-letson.com</a></td>
</tr>
<tr>
<td>Licensing Jurisdiction: Oregon</td>
<td>Licensing Authority: Joint Board</td>
</tr>
<tr>
<td>Bar No.: 830795</td>
<td>Enrolled Actuary No.: 17-05627</td>
</tr>
<tr>
<td>EIN: 93-1162180</td>
<td>EIN: 94-1701048</td>
</tr>
<tr>
<td>CAF No.: 8000-4028R</td>
<td></td>
</tr>
</tbody>
</table>

Send copies of notices and communications to representative: YES.

With the exception of the acts described below, I authorize my representative(s) to receive and inspect information, including confidential tax information, and to perform acts that I can perform with respect to the attached application dated May 15, 2018 for suspension of benefits under §432(e)(9). For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents.

Specific acts not authorized: None.

Exhibit 13: Page 2 of 4
Western States Office and Professional Employees Pension Fund

Signatures of Applicant and Date

Authorized Trustee on behalf of the Board of Trustees for the Western States Office and Professional Employees Pension Fund

May 15, 2018

Date

Authorized Trustee on behalf of the Board of Trustees for the Western States Office and Professional Employees Pension Fund

5/15/18

Date

Declaration of Representatives

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice before the Internal Revenue Service;
- I am authorized to represent the Applicant for the matter(s) specified in this Power of Attorney and Declaration of Representative; and
- I am one of the following:
  
  a. Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  
  b. Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  
  c. Enrolled Agent.
  
  d. Officer - a bona fide officer of the Applicant.
  
  e. Full-Time Employee - a full-time employee of the Applicant.
  
  f. Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  
  g. Enrolled Retirement Plan Agent.

Required information for Representative: A. See information presented above.

Signature of Representative and Date:

Joseph C. Reinhart, Esq.

5/16/18

Date

Exhibit 13: Page 3 of 4
Western States Office and Professional Employees Pension Fund

Signatures of Applicant and Date

Michael Parmelee, Co-Chair
Authorized Trustee on behalf of the Board of Trustees for the Western States Office and Professional Employees Pension Fund

Suzanne Mode, Co-Chair
Authorized Trustee on behalf of the Board of Trustees for the Western States Office and Professional Employees Pension Fund

\[ \text{May 15, 2018} \]
\[ \text{5/15/18} \]

Date

Declaration of Representatives

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice before the Internal Revenue Service;
- I am authorized to represent the Applicant for the matter(s) specified in this Power of Attorney and Declaration of Representative; and
- I am one of the following:
  a. Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  b. Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  c. Enrolled Agent.
  d. Officer - a bona fide officer of the Applicant.
  e. Full-Time Employee - a full-time employee of the Applicant.
  f. Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  g. Enrolled Retirement Plan Agent.

Required information for Representative: A. See information presented above.

Signature of Representative and Date:

[Signature]

\[ \text{5/15/2018} \]

Paul L. Graf, ASA, EA, MAAA

Date

Exhibit 13: Page 4 of 4