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| **INSTRUCTIONS FOR DESIGNATING OR CHANGING YOUR BENEFICIARY** | |
| This form may be used to designate or change your beneficiary to receive Motion Picture Industry Pension Plan (the “Pension Plan”), Motion Picture Industry Individual Account Plan (the “IAP”) and Motion Picture Industry Health Plan (the “Health Plan); (collectively, “MPI”), benefits upon your death. These benefits may include the Pension Plan survivor annuity benefits, the IAP survivor annuity and/or death benefits and the Retiree Health Plan life insurance benefits. | |
| **Step 1** | Please print in CAPITAL LETTERS. Use only black or blue ink. |
| **Step 2** | Fill out the Participant Information section. Be sure to include your Social Security number, your date of birth and your contact information. |
| **Step 3** | Fill out the Beneficiary Information section. You may use this form to designate up to three beneficiaries (To designate more than three beneficiaries, or to designate separate beneficiaries under different plans, please complete additional Beneficiary Designation/Change Form(s)).  The first beneficiary listed on the form will always be considered the Primary beneficiary. If you wish to designate multiple Primary beneficiaries, you must select “Type” Primary and assign the appropriate percentage. The percentage you choose to leave each beneficiary, when added to the others, must total 100% within the same “Type”  **Example**:  Beneficiary 1 (50%) + Beneficiary 2 (25%) + Beneficiary 3 (25%) = Total (100%)  NOTE: If the percentage is left blank for the same “Type” (Primary or Contingent) is selected for multiple beneficiaries, the benefits will be divided equally. |
| **Step 4** | Sign and date the bottom of the form. A form completed online must be printed, signed and submitted in hard copy. |
| **Step 5** | Submit the completed ORIGINAL beneficiary form(s) to MPI:  P.O. Box 1999, Studio City, CA 91614-0999 (MPI will not accept a photocopied, faxed or emailed form.) |

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| **PLEASE NOTE** |
| **Please see your MPI *Summary Plan Descriptions* for detailed information regarding the death benefits available under each plan.**   * This designation revokes all prior designations. * A primary beneficiary is the individual or entity you designate to receive your death benefits. * A contingent beneficiary(ies) will only receive a benefit if the primary beneficiary is already deceased at the time of your death.   **The Health Plan’s life insurance beneficiary rules (if applicable):**   * Life insurance benefits are based on eligibility for the Health Plan. * You may designate anyone as your life insurance beneficiary. * Your beneficiary must claim the life insurance benefit within two years of your date of death in order to be eligible for the life insurance benefit. If your beneficiary does not make a claim within this two-year period, the benefit shall be irrevocably forfeited and contributed to the Motion Picture and Television Fund.   **The Pension Plan and the IAP beneficiary rules (if applicable):**   * If you were married for at least one year on the date of your death, your spouse will automatically be your primary beneficiary. * If you have named someone other than your current spouse as beneficiary, the designation will only apply if you were divorced or your spouse is deceased. * If you designate your spouse as beneficiary and later get divorced or legally separated, that beneficiary designation will not be valid unless there is a court order to the contrary. * **A Beneficiary Designation/Change Form(s) received after the Participant’s date of death are not valid.** * This form may or may not be applicable after your retirement date. [Upon retirement, you will be required to re-designate your beneficiary(ies) based on the retirement option selected.] |

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| **PARTICIPANT INFORMATION** | | | | | | | |
| ⭘ **Male** | ⭘ **Female** | | ⭘ **Single** | | ⭘ **Married** | ⭘ **Divorced** | |
| Last Name   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | First Name   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | MI   |  | | --- | |  | |
| MPID / Social Security Number   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | Birth Date (MM/DD/YYYY)   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |  |  | | | Phone Number   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ( |  |  |  | ) |  |  |  | - |  |  |  |  | | | | |
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| **Beneficiary Information** | | | | | **PLAN:** | **ALL** | | **Health Plan** | | | | | **Pension Plan** | | | **IAP** | |
| *(Select the box for all Plans under which you would like to designate this beneficiary.)* | | | | | | | | | | | | |
| **Type** | **PRIMARY** | **Relationship** | ⭘ Spouse ⭘ Domestic Partner ⭘ Child ⭘ Parent  ⭘ Sibling ⭘ Friend ⭘ Estate ⭘ Charity ⭘ Trust ⭘ Other | | | | | | | | **Benefit %** | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | . |  |  | | | | |
| **Last Name** (Trust Name)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | **First Name**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | **MI**   |  | | --- | |  | |
| **Social Security Number**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | - |  |  | - |  |  |  |  | | | | | **Birth Date** (MM/DD/YYYY)   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |  |  | | | | | | | **Phone Number**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ( |  |  |  | ) |  |  |  | - |  |  |  |  | | | | | | | | |
| **Mailing Address**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | **Apt. #**   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | | |
| **City**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | **State**   |  |  | | --- | --- | |  |  | | | | **Zip Code**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  | - |  |  |  |  | | | | | | |
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| **Additional Beneficiary** | | | | | **PLAN:** | **ALL** | | **Health Plan** | | | | | **Pension Plan** | | | **IAP** | |
| *(Select the box for all Plans under which you would like to designate this beneficiary.)* | | | | | | | | | | | | |
| **Type** | ⭘ Primary  ⭘ Contingent | **Relationship** | ⭘ Spouse ⭘ Domestic Partner ⭘ Child ⭘ Parent  ⭘ Sibling ⭘ Friend ⭘ Estate ⭘ Charity ⭘ Trust ⭘ Other | | | | | | | | **Benefit %** | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | . |  |  | | | | |
| **Last Name** (Trust Name)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | **First Name**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | **MI**   |  | | --- | |  | |
| **Social Security Number**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | - |  |  | - |  |  |  |  | | | | | **Birth Date** (MM/DD/YYYY)   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |  |  | | | | | | | **Phone Number**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ( |  |  |  | ) |  |  |  | - |  |  |  |  | | | | | | | | |
| **Mailing Address**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | **Apt. #**   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | | |
| **City**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | **State**   |  |  | | --- | --- | |  |  | | | | **Zip Code**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  | - |  |  |  |  | | | | | | |
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| **Additional Beneficiary** | | | | | **PLAN:** | **ALL** | | **Health Plan** | | | | | **Pension Plan** | | | **IAP** | |
| *(Select the box for all Plans under which you would like to designate this beneficiary.)* | | | | | | | | | | | | |
| **Type** | ⭘ Primary  ⭘ Contingent | **Relationship** | ⭘ Spouse ⭘ Domestic Partner ⭘ Child ⭘ Parent  ⭘ Sibling ⭘ Friend ⭘ Estate ⭘ Charity ⭘ Trust ⭘ Other | | | | | | | | **Benefit %** | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | . |  |  | | | | |
| **Last Name** (Trust Name)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | **First Name**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | **MI**   |  | | --- | |  | |
| **Social Security Number**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | - |  |  | - |  |  |  |  | | | | | **Birth Date** (MM/DD/YYYY)   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |  |  | | | | | | | **Phone Number**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ( |  |  |  | ) |  |  |  | - |  |  |  |  | | | | | | | | |
| **Mailing Address**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | **Apt. #**   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | | |
| **City**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | **State**   |  |  | | --- | --- | |  |  | | | | **Zip Code**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  | - |  |  |  |  | | | | | | |
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**I hereby designate my new beneficiary(ies) under the Plans specified. This designation revokes all prior designations.**

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Participant’s Signature Date (MM/DD/YYYY)