{CurrentDate}

{BenName}

{x BenStreet1}

{x BenStreet2}

{x if IsUSA = 1}

{BenCity} {BenState} {BenZip}

{x else}

{BenForeignProvince} {BenCity}

{x BenCountry}

{endif}

**Re: Pension Benefit Options**

Dear {BenNameInProperCase}:

As the surviving spouse of {stdMbrFullNameInProperCase}, a Motion Picture Industry Pension Plan (the “Pension Plan”) and the Motion Picture Industry Individual Account Plan (the “IAP”) (collectively, “MPI”) Participant, you are entitled to receive a Pension Plan benefit. On {EstimatedMailDate}, MPI sent you benefit information and election forms with a submission deadline of {EstimatedDueDate}. Because you did not return your Survivor Benefit Election Form by that deadline, your Pension Plan benefit payment option has defaulted to a Life Annuity survivor benefit. This benefit will begin on {NormalRtmtDate}. This is the first of the month following the earliest date on which your spouse would have attained Normal Retirement Age as defined in the Pension Plan.

{x if IsQualifiedYrs = true}

If you want to elect an earlier benefit commencement date, you may do so. However, no payment will be made until you complete and return your Annuity Election form to MPI. Please contact MPI during the 180-day period immediately preceding your desired benefit commencement date.

{x endif}

If you have any questions, please contact MPI’s Participant Services Center by email at rsd@mpiphp.org or by telephone at (855) ASK-4MPI between 8 a.m. and 5 p.m. Pacific Time, Monday through Friday.

Sincerely,

{stdLoggedInUserFullName}

Retirement Benefits

See your Summary Plan Description for additional information about the plans. Benefits are subject to final verification, review and adjustment. If applicable, these amounts may be subject to change in accordance with any divorce or Qualified Domestic Relations Order (QDRO), which may or may not be on file. In the event of any inconsistency between any communications and the provisions of the plans, the actual provisions of the plans shall govern.

|  |  |
| --- | --- |
| **RECIPIENT INFORMATION** | |
| **Recipient’s Name** | **Recipient’s MPID** |
| {RecipientName} | {RecipientMPID} |
| **Participant’s Name** (if recipient is not a Participant) | **Participant’s MPID** |
| {stdMbrFullNameInProperCase} | {stdMbrParticipantMPID} |

|  |  |  |  |
| --- | --- | --- | --- |
| **ACCOUNT INFORMATION** (account must be in recipient’s name) | | | |
| **Bank Name** | | | **Phone** |
|  | | |  |
| **Routing or Transit Number** | | **Account Number** | |
|  | |  | |
| **Joint Account?** | **Joint Account Holder’s Name (as it appears on the account)** | | |
| Yes No |  | | |
| **Account Type** (Please select only one.) | | | |
| Checking Savings | | | |

**IMPORTANT: Direct deposit is not available to bank accounts outside the US, trust accounts, or prepaid cards. Also, if this form is received by the 15th of a month and the account information you’ve provided is correct, your direct deposit will be setup for the following month. Otherwise, it may take an additional month for your direct deposit payments to begin, and a check would be mailed to you for the interim month. (Example: If your Direct Deposit form is received on April 30th, you’ll receive a mailed check on or around May 1st, and your monthly Direct Deposit transfer will begin June 1st.)**

**SampLE**

**Check:**

Please enclose a voided check that shows routing/transit number and your account number.

**RECIPIENT’S CONSENT**

I hereby authorize the Motion Picture Industry Pension Plan (“Pension Plan”) and Motion Picture Industry Account Plan (“IAP”) (collectively “the Plans”) to directly deposit and, if necessary, correct any such deposits by making adjustments, to my account at the bank I have indicated on this form. I understand that I must submit written authorization to the Plans to make any changes or to discontinue direct deposit.

I understand that a durable power of attorney, guardianship or conservatorship is required if I choose to designate someone else to legally handle my retirement transactions, bank account activity or changes of address. If a durable power of attorney is used, the Plans also require a doctor’s certification of incapacity. These documents must be original or a certified copy. Benefits are payable to me only and may not be paid to another party (i.e. spouse, attorney in fact, etc.).

Account Holder’s (Recipient’s) Signature Date

The line above must be signed by the recipient or an individual who has a valid power of attorney or order of guardianship or conservatorship.

Joint Account Holder’s Signature (if applicable) Date

**Withholding Certificate for**

**Pension or Annuity Payments**

Type or print your full name Your social security number

{BenNameInProperCase}

Home address (number and street or rural route) Claim or identification number

City or town, state and ZIP code

**Complete the following applicable lines:**

(if any) of your pension or annuity contract

**1** I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2, 3, or 4.) . . . . . . . . . . **>**

**2** I want my withholding from each pension or annuity payment to be figured using the number of allowances and marital status shown below:

**a.** Number of allowances you are claiming from the Regular Withholding Allowances

Worksheet A . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **> 1**

**b.** Number of allowances from the Estimated Deductions Worksheet B . . . . . . . . **> 2**

SINGLE or MARRIED (with two or more incomes) MARRIED (one income) HEAD OF HOUSEHOLD

**3** I want the following additional amount withheld from each pension or annuity payment. Note: You cannot enter an

amount here without entering the number (including zero) of allowances on line 2 above . . . . . . . . . . . . . . . . **> $**

**4** I want this designated amount withheld from each pension or annuity payment. (Do not complete lines 1, 2, or 3.) . . . **> $**

**Your signature: Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Form **W-4P**  Department of the Treasury  Internal Revenue Service | **Withholding Certificate for**  **Pension or Annuity Payments** | | OMB No. 1545-0074 |
| **{Plyr}** |
| Type or print your full name  {BenNameInProperCase} | | Your social security number | |
| Home address (number and street or rural route) | | Claim or identification number (if any) of your pension or annuity contract | |
| City or town, state and ZIP code | |

**Complete the following applicable lines:**

**1** Check here if you do not want any Federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) **>**

**2** Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity

payment. (You may also designate an additional dollar amount on line 3.). . . . . . . . . . . . . . . . . . . . . . . . . **>**

Marital Status:

Single Married Married, but withhold at higher Single rate

(Enter number of allowances)

**3** Additional amount, if any, you want withheld from each pension or annuity payment. Note: For periodic payments, you

cannot enter an amount here without entering the number (including zero) of allowances on line 2 . . . . . . . . . . . **> $**

**Your signature: Date:**

Cat. No 10225T