|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PARTICIPANT:** | {stdMbrFullNameInProperCase} | | **BIRTH DATE:** | {stdMbrDateOfBirth} |
| **SPOUSE:** | {stdMbrSpouseFullName} | | **BIRTH DATE:** | {stdSpouseDateOfBirth} |
| **RETIREMENT TYPE:** | Individual Account Plan (IAP) | **RETIREMENT DATE:** | | {idtDayOneOfNextMonth} |

To the Board of Directors of the Motion Picture Industry Pension Plan (“Pension Plan”) and the Motion Picture Industry Individual Account Plan (“IAP”) (collectively “the MPI”):

This is to notify you that I, {stdMbrFullNameInProperCase} intend to retire my balance from the IAP as of {istrDayOneOfNextMonth}.

**PLEASE READ CAREFULLY BEFORE SIGNING**

**I understand that:**

1. I am voluntarily electing to withdraw my balance under the IAP.
2. My Retirement Date is subject to the approval of the Plans as set forth in Article V, Section 5 of the IAP Trust Agreement for the Disability Benefit.
3. I will receive retirement benefit on my Retirement Date (OR in the case of a retroactive Retirement Date, when it is administratively practicable by the Plans), in accordance with my election under the IAP.
4. I may only earn an additional benefit in the IAP if I work at least 870 Credited Hours in a Computation Year\*.
5. I cannot repay my distribution to the IAP under any circumstances.
6. I do not qualify for the Disability Pension from the Pension Plan because I may not have the requisite hours or years or have incurred a Break in Service\*\*. In order to start my Pension Plan benefit, I must be qualified for an Early, Normal or Late Retirement and complete a separate retirement application at least two complete calendar months before my desired Retirement Date.
7. Before any payment(s) can be made, I must provide to the Plans I proof of my date of birth, Social Security number and, if married, my spouse's date of birth and marriage certificate. In addition, if applicable, I must provide a conformed copy(ies) of the final judgment with the property settlements and agreements and/or death certificate(s) for previous spouse(s) during my participation under the Plans to verify that my prior spouse(s) has no claim to any portion of my benefit.
8. The benefit payable to me is subject to final verification, review and adjustment.

**PARTICIPANT’S CONSENT**

I understand that this application must be received by the Plans no later than {istrDueDate} or it will become invalid.

Under penalty of perjury, I certify that my current marital status is: Single Married Divorced

My citizenship status *(required for tax purposes)* is: U.S. Citizen U.S. Resident Alien Other

My signature on this document indicates that I have read and understand the terms and conditions of this application.

Participant’s Signature Date