October 11, 2019

{stdMbrFullName}

{x stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{x if stdIsUSA = 1}

{x stdDomesticStateInternationalCountry}

{x else}

{x stdDomesticStateInternationalCountry}

{x stdMbrAdrCountryDesc}

{endif}

**Re: Disability Pension**

Dear {stdMbrFullNameInProperCase}:

Thank you for submitting the determination of your permanent disability from The Social Security Administration.

Enclosed is the Disability Retirement Application to commence your retirement benefits under the Motion Picture Industry Pension Plan (“Pension Plan”) and the Motion Picture Industry Individual Account Plan (“IAP”) (collectively “the Plans”). Upon receipt of your completed and signed Disability Retirement Application, the Plans will mail you a **Retirement Package**. The package will provide comprehensive information about your retirement, including benefit-election options under the Plans, and all the necessary forms and information to start your retirement.

If you have any questions, please contact MPI’s Participant Services Center by e-mail at service@mpiphp.org, or call (855) ASK-4MPI Monday through Friday from 8 a.m. to 5 p.m., Pacific Time.

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 provisions of the Plans shall govern.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT:** | {stdMbrFullNameInProperCase} | | | **BIRTH DATE:** | | {stdMbrDateOfBirth} | |
| **SPOUSE:** | {stdMbrSpouseFullName} | | | **BIRTH DATE:** | | {stdSpouseDateOfBirth} | |
| **RETIREMENT DATE:** | {dtRetrDate} | **TYPE :** | **Disability** | **YEARS:** | {yrs} | **HOURS:** | {hrs} |

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

This is to notify you that I, **{stdMbrFullName}**, intend to retire from the Motion Picture Industry (the “Industry”) and start my benefits from the Plans on **{Retirement\_Date}.**

**PLEASE READ CAREFULLY BEFORE SIGNING**

**I understand that:**

1. I am voluntarily electing to start my benefits from the Plans. Neither plan requires me to start my benefits.
2. Except as provided below, I will receive retirement benefits starting on my Retirement Date in accordance with my election of payment options under the Plans.
3. My Retirement Date and start date are subject to the Plans’ approval as set forth in Article IV, Section 5 of the Pension Plan.
4. Before any payment(s) can be made, I must provide to the Plans 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 benefits.
5. At the Plans’ request, I will provide evidence of my continuing Social Security Disability Benefits.
6. I must advise the Plans in the event my Social Security Disability benefits cease or I return to work in the Industry. If I stop receiving Social Security Disability benefits before I reach age 65, my benefit under the Pension Plan will stop.
7. For any Payroll Month in which I am re-employed in the Industry for 50 hours or more in a covered job classification, my Pension Plan benefits derived from employer contributions will be forfeited. However, the portion derived from my own contributions, if any, will continue. Benefits will not be suspended for any month beginning on or after April 1 following the year I reach age 70½. (This paragraph does not apply to the IAP.)
8. I will earn additional benefits in the Plans only if I work at least 870 Credited Hours in a Computation Year\* after my Retirement Date. Any benefits I earn in Computation Years on or after April 1 following the year I reach age 70½ will be reduced by the value of distributions I receive for months I work 50 or more hours in the Industry.
9. The benefit payable to me is subject to final verification, review and adjustment.

**PARTICIPANT’S CONSENT**

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

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