{CurrentDate}

**{stdMbrFullName}**

{X stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{x if stdIsUSA = 1}

{x stdDomesticStateInternationalCountry}

{x else}

{x stdDomesticStateInternationalCountry}

{x stdMbrAdrCountryDesc}

{endif}

**Re: Motion Picture Industry Individual Account Plan Disability Benefit**

Dear {stdMbrFullNameInProperCase}:

Enclosed is the **IAP Disability Benefit Application** to receive your retirement benefit under the Motion Picture Industry Individual Account Plan (“IAP”).

In order to qualify for an IAP Disability benefit, you must meet all of these requirements:

• You have a Social Security Disability Award issued on or after June 26, 2002, and

• Your disability prevents you from engaging in any gainful employment, and

• Total and permanent disability has been at least six months in duration.

If you are terminally ill, a physician’s certification of your condition may waive the Social Security Award and 6-month period of disability requirements. The certification must state that you are:

• Terminally ill with a life expectancy of less than two years, and

• Because of this illness, you cannot engage in any gainful employment.

You must complete and return the enclosed **IAP Benefit Election Form** and Lump Sum Distribution Election form to receive your IAP balance.

**Please Note: You may not change your benefit election and/or tax options once your payment is processed, so we ask that you consider your options very carefully before making your election. If the Plans do not receive your completed application before your Retirement Date, it will become invalid and moved to the 1st of the month following the date your application is received.**

**Documents Required**

* Proof of age: You must submit legal evidence of your date of birth prior to the receipt of any benefit payments. You may provide a clear photocopy of your birth certificate, passport, military discharge papers, residency card or naturalization certificate. If you elect the 50%, 75% or 100% Joint and Survivor benefit, you must also provide evidence of your spouse’s birth date.
* Proof of Marriage: You must submit legal evidence of your current marriage, if applicable. You may provide a clear photocopy of your marriage certificate.
* Verification of Tax ID: You must submit proof of your and each beneficiary’s Social Security Number (SSN) or Tax ID Number (TIN). You may provide a clear photocopy of the Social Security card or Medicare card.
* Benefits from the Plans are considered marital property. If you were divorced while you were participating in the Pension Plan and/or the IAP, you must submit to the Plans a complete conformed copy of each final judgment with the property settlement(s) and agreement(s) to verify that no prior spouse has any claim to your benefit. If a former spouse is deceased, you must submit a copy of the death certificate.

Once the Plans receive the required documents, the payment of your IAP balance will generally be processed in two to three weeks.

**Your Account Balance from the IAP**

Under the IAP, the amount of your retirement benefit will be based on your IAP account balance as of the beginning of the quarter in which your Retirement Date occurs. In addition, if you worked at least 400 Credited Hours prior to retirement in the Computation Year in which you are retired, employer compensation-related contributions will be made, if applicable.

**The estimated IAP balance reflects the balance as of the valuation year-end, as indicated. In addition, the investment income or loss as of the beginning of the quarter in which you retire will be applied to this balance. If the IAP experienced a loss since the last valuation was completed, to avoid an overpayment the Plans will withhold a certain percentage from your balance.**

**IAP Benefits Payout Process**

The IAP provides an annuity benefit or a lump sum payable two months after your Retirement Date.

In general, unless a lump sum benefit is selected, the type of benefit payment under the IAP will be defaulted to a monthly annuity benefit. Under these options, the annuity benefit option type will be the same as the option elected under the Pension Plan. However, if you elected a pop-up option under the Pension Plan, the corresponding non-pop-up benefit will be paid under the IAP.

If your IAP balance is over $5,000, you may elect to receive the balance either in a lump sum (with spousal consent, if applicable) or by purchase of an annuity contract issued by an insurance company. If it is $5,000 or less, it will be paid as a lump sum.

If your Retirement Date is after the allocations for the previous year (or quarter) are completed, the entire balance will be available to process immediately. If the allocations for the previous year (or quarter) are pending, you may receive your IAP balance in a two-step process or a one-time payment.

Two-Step Payment Process

You may receive the current IAP balance as of the last allocation made under the IAP. However, a certain percentage may be withheld if the IAP experienced a negative allocation in the prior quarter and/or year. The percentage will be determined by the Plans, based on the expected investment return for the prior quarter and/or year, and will be uniform for every Participant for that Plan Year. After allocations for the prior quarter and/or year are completed, you will receive the remainder of the balance, if any.

One-time Payment

You may receive your payment or annuity purchase as soon as practicable following completion of the allocations for the prior quarter and/or year. There is no additional interest earned on your balance if it is left in the IAP after your Retirement Date.

**NOTE: If you elected or defaulted to the monthly annuity benefit, the annuity will not be purchased until your final account balance is determined (*i.e.*, after all applicable quarterly and annual allocations have been completed).**

**Rollover and Taxes**

If you elect a lump sum and your IAP balance is equal to or greater than $200, it is subject to a mandatory 20% Federal tax withholding, unless you roll it over into a qualified IRA. You must complete the enclosed Lump Sum Distribution Election form to process the lump sum benefit. If you choose or are defaulted to an annuity, the Plans will purchase the elected annuity based on your balance.

***Please refer to the enclosed IRS Notice - Special Tax Notice Regarding Plan Payments (Pink) - for more detailed rules regarding your distribution.***

Your IAP check will be mailed to your IRA institution via first-class mail.

**If You Are Rehired:**

If you are retired and subsequently accept re-employment in the Industry, you may be eligible to receive additional benefits under the Plans only upon completion of 870 or more Credited Hours in a Computation Year, excluding Credited Hours before the Retirement Date. Any Credited Hours earned before retirement in the Computation Year in which you retired will not be counted towards the 870 Credited Hours requirement. These additional amounts will not be paid until after you reach age 65.

**General Information**

**Importance of Beneficiary Designation**

It is critical that you provide the Plans with the name, SSN (or TIN) and relationship of each of your beneficiaries. If you fail to do so, any unpaid or remaining guaranteed benefits will be paid to your estate.

You may also name a contingent beneficiary to receive any death benefits in the event your primary beneficiary predeceases you. Your beneficiary designation will be applied to both the Pension Plan and, if applicable, the IAP.

**Authorized Signatures**

As with any legal documents, it is very important that you read and understand your benefit options before signing any retirement documents. If you are legally married, both you and your spouse must sign the election form. Your spouse’s identity and signature must be witnessed by a Notary Public or an authorized MPI Benefits Representative.

**Incapacity of Retired Participant**

If you become incapacitated and need someone else to handle your retirement transactions, including a change of address, you must submit to the Plans a Durable Power of Attorney, Guardianship or Conservatorship order. Benefits are payable to the Participant only and cannot be paid to any other party, including a spouse or attorney-in-fact.

If a Durable Power of Attorney is used, the Plans will require a doctor’s certification of incapacitation. These documents must be either originals or certified copies, and will be returned to you after review.

**If You Move After Your Retirement**

**Each January, the Plans send tax Forms 1099R to Participants/Retirees who received taxable and non-taxable income during the prior Plan Year. It is imperative that you inform the Plans of your new mailing address if it changes after your benefit start date, even if you are receiving your payments via direct deposit. If you do not keep your address current, you may not receive the Plans’ communications which may be critical and time-sensitive.**

**Summary of Required Documents**

* *Completed IAP Benefit Election Form*
* *Copies of your birth certificate and spouse’s, if applicable*
* *Copy of Marriage Certificate, if applicable*
* *Copy(ies) of Tax ID or Social Security card(s) for you and your spouse and/or other beneficiaries*
* *Final Judgment and Property Settlement Agreement for all former spouses, if applicable*
* *Completed Lump Sum Distribution Election form*

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 provisions of the Plans shall govern.

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

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 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 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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PARTICIPANT:** | {stdMbrFullNameInProperCase} | | **BIRTH DATE:** | {stdMbrDateOfBirth} | |
| **SPOUSE:** | {stdMbrSpouseFullName} | | **BIRTH DATE:** | {stdSpouseDateOfBirth} | |
| **TYPE:** | | {istrBenType} | **RETIREMENT DATE:** | | {dtRetrDt} |

**BENEFIT ELECTION**

|  |  |  |
| --- | --- | --- |
| **Initial One** | **Benefit Option** | **Payment Amount\*** |
|  | 1. **Life Annuity** (Default option for unmarried Participants) | **{PartIAPLifeAnnuity}** |
|  | 1. **Qualified Joint and 50% Survivor Annuity** (Default option for married Participants) | **{PartIAPJS50}** |
| *Spouse’s Benefit at Participant’s Death* | *{SpouseIAPJS50}* |
|  | 1. **Joint and 75% Survivor Annuity** | **{PartIAPJS75}** |
| *Spouse’s Benefit at Participant’s Death* | *{SpousetIAPJS75}* |
|  | 1. **Joint and 100% Survivor Annuity** | **{PartIAPJS100}** |
| *Spouse’s Benefit at Participant’s Death* | *{SpouseIAPJS100}* |
|  | 1. **Ten-Years-Certain and Life Annuity** | **{PartTenYr}** |
|  | 1. **Lump-Sum Payment** | **{PartIAPLumpSum}** |

**SEE REVERSE FOR BENEFIT PAYMENT OPTION DESCRIPTIONS**

**\* All amounts are an estimate based on current balances and marital status, and subject to verification before payment.** Benefit amounts will not be listed under the Joint and Survivor Annuity options if you are unmarried. The beneficiary for a Joint and Survivor Annuity must be the spouse to whom you are married at the time of retirement regardless of divorce or remarriage during retirement. The beneficiary for a Ten-Years-Certain and Life Annuity must be your spouse and/or children.

**BENEFICIARY DESIGNATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | | Relationship  Spouse Child |
| Social Security Number | Birth Date (MM/DD/YYYY) | Beneficiary Type  Primary Contingent %: | |
| Mailing Address | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | | Relationship  Spouse Child |
| Social Security Number | Birth Date (MM/DD/YYYY) | Beneficiary Type  Primary Contingent %: | |
| Mailing Address | | | |

**PARTICIPANT’S CONSENT**

I understand that I may only revoke this benefit election during the 30-day period immediately preceding my withdrawal date. I understand that, upon withdrawal, this benefit election is irrevocable. I certify that all of the foregoing information is true and correct.

Participant’s Signature Date

**SPOUSE’S CONSENT**

I acknowledge that if my spouse elects to receive benefits other than a Qualified Joint and 50% Survivor Annuity from the IAP, my signature below waives such Joint and Survivor Annuity. This consent is voluntarily given and no undue influence or coercion has been exercised in connection with my decision to give this consent.

Spouse’s Signature **(Must be Witnessed Below)** Date

Subscribed and sworn to before me on this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, by {stdMbrSpouseFullName} ,proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(NOTARY STAMP)

**Signature of MPI Representative or Notary Public in and for said County and State**

**MOTION PICTURE INDUSTRY INDIVIDUAL ACCOUNT PLAN (IAP)**

In general, unless a lump sum benefit is selected, the type of benefit payment will automatically be a monthly annuity benefit. If your balance is over $5,000, you may elect to receive the balance in a lump sum payment or a monthly annuity purchased from an insurance company.

1. **Life Annuity**

This option provides a monthly lifetime benefit payment to the Participant only. No benefit will be paid to any survivor. This is the only option available to unmarried participants with no children.

1. **Qualified Joint and 50% Survivor Annuity**

The Employee Retirement Income Security Act of 1974 (ERISA) requires a married Participant to retire with a Qualified Joint & 50% Survivor Annuity unless the Participant elects another available option with their spouse’s written consent. Under this option, you will receive a reduced monthly benefit (based on your age and your spouse’s age) throughout your lifetime. If you predecease your spouse, a lifetime monthly benefit will continue to be paid to your surviving spouse at an amount equal to one-half of the monthly benefit received while you were living. Regardless of divorce or remarriage during retirement, the Joint & 50% Survivor Annuity must be paid to the spouse you were married to on your retirement date.If your spouse predeceases you after your retirement date, the Joint & 50% Survivor Annuity will continue for your lifetime at the same reduced monthly amount; no benefit will be paid to any survivor, including a new spouse if you remarry after retirement.

1. **Joint and 75% Survivor Annuity**

This option is similar to the Qualified Joint & 50% Survivor Annuity except that there is less of a reduction in benefit to your surviving spouse in the event of your death. In the event of your death, a lifetime monthly benefit will continue to be paid to your surviving spouse at an amount equal to 75% of the monthly benefit received while you were living. The monthly benefit payment during your lifetime is lower than that received through the Qualified Joint & 50% Survivor Annuity.

1. **Joint and 100% Survivor Annuity**

This option is similar to the Qualified Joint & 75% Survivor Annuity Benefit except that there is no reduction in benefit to your surviving spouse in the event of your death. The monthly benefit payment during your lifetime is lower than that received through the Qualified Joint & 75% Survivor Benefit.

1. **Ten-Years-Certain and Life Annuity**

This option provides you with a monthly lifetime Pension benefit. In the event of your death within 10 years of your retirement date, your beneficiary will receive the same monthly benefit amount for the remainder of the 10-year period. Following this 10-year period, the benefit payments to your beneficiary will permanently cease. If you die after the 10-year period following your retirement date, no benefit will be provided to your beneficiary. If you retire under this option and are re-employed, the 10-year period shall not be increased by the re-employment period.

1. **Lump-Sum Payment**

If your balance is $5,000 or less, your benefit will be automatically paid in a single lump sum. If your balance is over $5,000, you may elect, with spousal consent, to take the entire value of the benefit in a single lump sum. If you elect a lump sum and your balance is equal to or greater than $200, it is subject to a mandatory 20% Federal tax withholding, unless you roll it over into an IRA or other qualified plan.

**Annuity Purchase Option under the lAP:**

If you elect from Option 1,2, 3, 4 or 5, the Plan Office will purchase an annuity for you from an insurance company using your account balance. You will receive a monthly benefit from the insurance company.

|  |  |  |
| --- | --- | --- |
| ***Pursuant to the provision of the Motion Picture Industry Pension and Individual Account Plans (the ''Plans''), the Plans are authorized to distribute the funds in accordance with the Option I have selected below. I understand that the distribution process may be delayed or cancelled if this form along with the application is not received by the Plan Office within 60 days from your application date.*** | | |
| **RECIPIENT’S NAME** | **MPID** | **DISTRIBUTION AMOUNT** |
| {stdMbrFullNameInProperCase} | {stdMbrParticipantMPID} | *{PartLumpSumBenAmt} (through* *{LumpSumYear})* |

|  |  |
| --- | --- |
| **Distribution Type:** | ***{DistributionType}*** |
| Please refer to the Information about the tax treatment of distributions in the accompanying Special 402(f) Tax Notice Regarding Plan Payments. The Plans strongly recommends you discuss the distribution options below with a tax professional. | |
| **Check only one option under Section A.**  **If your choose option 2 or 3, page 2 must be completed by the custodian of your IRA or other qualified plan.** | |
| If you do not elect to rollover all or a portion of your distribution directly to an IRA or other qualified plan, the Plans will automatically withhold 20% in federal income taxes from that distribution. | |

|  |
| --- |
| **SECTION A: Distribution Type Election** (select only one) |
| **Option 1:** Please issue a check for the balance payable to me. I do not elect a direct rollover of my distribution. I understand that mandatory 20% federal income tax and 2% California State income tax (if elected) will be withheld. |
| *{x if IsRETR = 1} To qualify for the options below, the taxable portion of the payment must be $750 or more.*  *{else} To qualify for the options below, the taxable portion of the payment must be $200 or more.*  *{x endif}*  {x if PlanId = 0} {else} Employee Contributions and Unclaimed Vacation & Holiday Pay (UV&HP) are non-taxable. Interest on these items is taxable. {x |
| {x if IsRETR = 0} {endif}  **Option 2:** I elect to rollover the entire distribution into my IRA or qualified plan.  **Option 3:** I elect to rollover a portion of my distribution directly into my IRA or qualified plan. The amount I would like to rollover is indicated in the Rollover Amount box on the top of page 2. I understand that a separate check will be issued for the balance of the taxable portion, less applicable federal and state income tax withholding, plus the entire non-taxable portion, if any.  **My Trustee/Custodian and I must complete page 2** |

|  |
| --- |
| **SECTION B: Tax Resident Status** |
| My citizenship status is *(required for tax purposes)*: U.S. Citizen or Resident Alien Non-Resident Alien\*  *\* IRS Form W-8 is required for non-resident alien claiming tax treaty benefits.* |

|  |
| --- |
| **SECTION C: State Income Tax Withholding Election** (for California residents only) |
| I understand that unless I select the box below, 2% California State income tax will be withheld from any portion of my distribution that is not rolled over to a qualified plan. I understand that my actual federal or state income tax liability may exceed the amount withheld by the Plans from the distribution to me. I understand that I may be subject to tax penalties under the estimated tax payment rules if my estimated tax payments and withholding are inadequate. |
| Do NOT withhold California state tax *(I understand this choice does not relieve me of any tax liability)* |

**RECIPIENT’S CONSENT**

My signature on this document indicates that I authorize the Plans to distribute the funds in accordance with the option I selected above and that I have reviewed the Plans’ *Summary Plan Description* terms and conditions as well as the Special Tax Notice 402(f) Regarding Plan Payments.

If I elect Options 2 or 3, I authorize the IRA or employer plan identified on page 2 to accept a rollover on my behalf. I understand that my check will be processed based on the information herein. I will notify the Plans if there are any changes to this information.

Recipient’s Signature Date

**PAGE 2: ROLLOVER ACCOUNT INFORMATION AND AUTHORIZATION**

To be completed only if choosing Option 2 or Option 3

|  |  |  |
| --- | --- | --- |
| **RECIPIENT’S NAME** | **MPID** | **ROLLOVER AMOUNT** |
| {stdMbrFullNameInProperCase} | {stdMbrParticipantMPID} |  |

|  |  |
| --- | --- |
| **Distribution Type:** | ***{DistributionType}*** |
| Must be completed by the custodian of your IRA or qualified plan | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION D: Rollover Account** | | | |
| **Type of IRA or Plan:**  IRA – Sec 408(a) Roth IRA – Sec 408(a)  Annuity – Sec 408 (b) Annuity – Sec 403(a) Annuity – Sec 403(b)  Qualified Trust/Plan – Sec 401(a) Government Deferred Compensation Plan – Sec 457(b) | | | |
| **MAKE CHECK PAYABLE TO:** | (Trustee/Custodian of IRA/Qualified Plan) | | |
|  | | |
| **Account Number** (Please DO NOT use Social Security Number) | | | |
|  | | | |
| **PAYMENT HANDLING INSTRUCTIONS** | | | |
| **Check will be mailed to:** | | | |
| **IRA or Plan Contact Name** (Required if Account Number field is not completed) | | | |
|  | | | |
| **Address** | | | |
|  | | | |
|  | |  |  |
| **City** | | **State** | **Zip** |
|  | |  |  |
| I declare that the IRA or employer plan identified above will accept a rollover on behalf of the recipient hereof. I declare that I am authorized to act on behalf of the financial institution, the IRA or employer plan identified above. | | | |
| Trustee/Custodian’s Signature Date | | | |
| **Trustee/Custodian’s Name** | | **Title** | |
|  | |  | |
| **Email** | | **Phone** | |
|  | |  | |

|  |  |  |
| --- | --- | --- |
| **PARTICIPANT’S NAME** | **MPID** | **DATE OF BIRTH** |
| {stdMbrFullNameInProperCase} | {stdMbrParticipantMPID} | {stdMbrDateOfBirth} |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PHYSICIAN’S INFORMATION** | | | | |
| **Name (please print)** | | | | |
|  | | | | |
| **Specialty** | | | **Medical License #** | |
|  | | |  | |
| **Address** | | **City** | **State** | **Zip** |
|  | |  |  |  |
| **Phone** | **Fax** | **Email** | | |
|  |  |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PHYSICIAN’S FINDINGS** | | | | | | | |
| Diagnosis: | |  | | | | |  |
| Date of initial disability: | | |  | | Date Participant was last examined by you: |  |  |
| Present condition (Clinical Status – Include initial evaluation and current status of patient): | | | | | |  |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
| Is the patient currently diagnosed as terminally ill with a life expectancy of fewer than two years? | | | | | | | |
| Yes No | | | |  | | |  |
| Does the terminal illness prevent the Participant from engaging in gainful employment? | | | | | | | |
| Yes No | | | |  | | |  |
|  | | | | | | | |

**PHYSICIAN’S CERTIFICATION**

I, the undersigned, a practicing licensed physician, hereby certify under penalty of perjury, that my answers to the foregoing questions are complete and true to the best of my knowledge, information and belief.

**Physician’s Signature Date**

|  |  |  |  |
| --- | --- | --- | --- |
| Please describe Participant’s job (**To be completed by Participant**): | |  |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  | | | |