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 Participant:

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:** | | {dtRetrDt} | **TYPE:** | Disability Conversion | **YEARS:** | {Yrs} | **HOURS:** | {HRS} |

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 Plans”):

This is to notify you that I, {stdMbrFullNameInProperCase}, intend to convert my Early Retirement Pension under the Pension Plan to a Disability Retirement Pension beginning on {RetirementDate} {if IsOnsetLesThanRetr = TRUE}(retroactive to {SetOnsetDate}){endif}.

**PLEASE READ CAREFULLY BEFORE SIGNING**

**I understand that:**

1. I must meet the requirements for a Disability Pension under Article IV, Section 5 of the Pension Plan. I must provide the Pension Plan with a copy of both (i) my application for Disability Benefits from the Social Security Administration (SSA), which was filed within two years of my Early Retirement Date, and (ii) the Notice of Award from the SSA, which states that my Onset Date as determined by SSA is on or before my Early Retirement Date.
2. My benefit option under the Disability Retirement Pension will be the same as my Early Retirement Pension. My benefits started on my Early Retirement Date. However, if I elected the Ten-Years-Certain and Life Annuity Option, the original ten-year period shall commence on the earlier of my Early Retirement Date or the effective date of commencement of my Disability Pension.
3. The Disability Pension shall be offset by the amount of Early Retirement Pension payments made on and after the Disability Pension effective date. However, no reduction shall be made for any Early Retirement Pension payments made before the Disability Pension effective date.
4. At the Pension Plan’s request, I will provide evidence of my continuing Social Security Disability Benefits.
5. I must advise the Pension Plan 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.
6. 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.
7. 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.
8. The benefit payable to me is subject to final verification, review and adjustment.

**PARTICIPANT’S CONSENT**

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

Participant’s Signature Date