**Motion Picture Industry Pension Plan - QDRO Retirement Benefit Election Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant | {stdMbrFullNameInProperCase} | Alternate Payee’s Date of Birth | | {stdMbrDateOfBirth} |
| Alternate Payee | {istrAltPayeeFullName} | Alternate Payee's Social Security Number | | {istrAltPayeeDOB} |
| Phone | | E-mail Address | {Rtmt\_Date} | |

To the Board of Directors of the Motion Picture Industry Pension Plan (the “Pension Plan”):

This is to notify you that I, **{istrAltPayeeFullName}**, intend to retire pursuant to the terms of the Qualified Domestic Relations Order (“QDRO”) previously served on the Pension Plan and start my benefits from the Pension Plan on **{commDate}.**

**PLEASE READ CAREFULLY BEFORE SIGNING**

**I understand that:**

1. I am voluntarily electing to start my benefits from the Pension Plan. The Pension Plan does not require me to start my benefits unless it is in accordance with the terms of my QDRO and the Pension Plan.

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 terms of my QDRO and the Pension Plan. Except as provided below, my Pension Plan benefits continue as long as I live or as provided by my QDRO.

3. I understand that the benefit payable is subject to final review and possible adjustment.

**BENEFIT ELECTION**

This is to notify you that I am familiar with the Pension Plan rules, which provide that I may elect one of the following three benefit payment options if allowed by my QDRO. I understand that the payment amounts listed below represent my portion of the Pension Plan benefit awarded under my QDRO.

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial One**  **🡫** | **Estimated Payment Amount** | **Benefit**  **Option Election** | **Benefit Option Description** |
|  | **${MPIAltPayeeBenAmtLife}** | **Life Annuity** | This option provides a monthly lifetime benefit payment. No benefit will be paid to any survivor. |
|  | **${MPIAltPayeeBenAmtTenYrCerLife}** | **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. You can only designate a child(ren) as the beneficiary(ies) for this benefit payment type. |

**BENEFICIARY DESIGNATION** *(for Ten-Years-Certain and Life Annuity Benefit Option)*

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

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

*(If you like to add more beneficiary(ies), please use back side of this form and provide the information in the same manner.)*

**ALTERNATE PAYEE’S CONSENT**

I acknowledge that the above options have been fully explained to me, and that the selection I made is with the full knowledge of the terms of the Pension Plan and the terms of my QDRO. I understand that the amounts set forth above are subject to final review and possible adjustment.

I understand that the option, which I have selected, is irrevocable after my retirement date. I also understand that the foregoing option may only be made during the 180-day period before my retirement date. I may also revoke this option during this 180-day period. I understand that, unless I elect otherwise my benefits will be paid in the form of a Life Annuity. **In order to comply and to prevent automatic cancellation of my retirement request, MPI must receive the completed QDRO Retirement Benefit Election Form before my retirement date.** I certify that all of the foregoing information is true and correct.

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| --- | --- | --- |
|  |  |  |
| Alternate Payee's Signature |  | Date |