{CurrentDate}

{stdMbrFullName}

{x stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{x if stdIsUSA = 1}

{x stdDomesticStateInternationalCountry}

{x else}

{x stdDomesticStateInternationalCountry}

{x stdMbrAdrCountryDesc}

{endif}

**Re: Retirement Benefit Confirmation – (****{Plan})**

Dear {stdMbrFullName}:

We are in receipt of all the documents necessary to commence your pension benefits from the Motion Picture Industry Pension Plan (“Pension Plan”) and the Motion Picture Industry Individual Account Plan (“IAP”) (collectively “the Plans”). Our record shows that your Retirement Date is {RetirementDate}. You have elected the {BenefitOption} with a monthly benefit of {NetPayment}. {if aintWithHoldingPresent = 1}This amount reflects the 50% hold on your total monthly pension amount due to your unresolved divorce matter. You will receive your first payment on or about {NextPaymentDate}. {else}You will receive your first payment on or about {NextPaymentDate}.{endif}{if aintPatrticpant = 1} Please note that your benefit may be reevaluated within one year for possible adjustment if additional contribution hours are received on your behalf from a participating employer.

{x endif}

{x if aintPatrticpant = 1}

{x if aIntIAPPlan = 1}

The Retirement Affidavit form for the IAP payment will be mailed to you on the last business day before {RetirementDate+60days}.

You have elected the {BenefitOption2} for your IAP payment.

Your initial IAP lump sum payment will generally be sent within six weeks following receipt of all completed forms,

including your retirement affidavit. In order to receive payment of your IAP balance, you must NOT work in the motion picture industry (the “Industry”) at all during {RtmtMonthYear} and {NextMonthYrAfterRtmt}.

{x endif}

{x endif}

{x if HasRetirementHealthDate = 0}

{x if ainthealthEligibleFlag = 1}

The Plans’ records also reflect that you have met the requirements for Retiree Health Plan benefits. You will receive a retiree medical package from the Health Eligibility Department approximately one week before your Retiree Health Plan benefits commence.

{x endif}

{x if ainthealthEligibleFlag = 2}

In order to qualify for Retiree Health Plan coverage you must have at least (a) 20 Qualified Years and 20,000 Credited Hours, or (b) 15 Qualified Years with 20,000 Credited Hours (to qualify, you must have earned at least three Qualified Years after the attainment of age 40, and earned at least one Qualified Year in any of the years commencing with the Plan Year 2000 through 2015). According to our records you do not meet the requirements for Retiree Health Benefits.

{x endif}

{x endif}

{x if aintAchPresent = 0}

You have elected direct deposit of your monthly pension benefit. Your pension payments will be electronically deposited into your bank account on or about the first day of each month.

{x endif}

{x if aintAchPresent = 1}

We have not received a Direct Deposit Authorization form for your monthly pension payments. Therefore, a check will be mailed to you on or about the last working day before the first of each month. If you believe a check has been lost in the mail, contact the Plans for a replacement check; however, the Plans must allow 10 working days for a check to reach you before replacing it.

{endif}

If you have any questions, please contact MPI’s Participant Services Center by 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.