|  |  |  |
| --- | --- | --- |
| **BENEFICIARY** | **PARTICIPANT** | **DISTRIBUTION AMOUNT** |
| {strSurvivorFullName} | {strParticipantFullName} |  |

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| Please refer to the Information about the tax treatment of distributions in the accompanying Special 402(f) Tax Notice Regarding Plan Payments. MPI strongly recommends you discuss the distribution options below with a tax professional. |
| **Check only one option under Section A**  **If I choose option 3, page 2 must be completed by the custodian of your IRA.** |

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| **SECTION A: Distribution Type Election** (select only one) |
| **Option 1:** I elect not to have taxes withheld from my distribution and I do not elect to rollover. |
| **Option 2:** I elect to have \_\_\_\_\_\_\_\_\_\_% federal taxes withheld from my taxable distribution (Default 10%, if left blank). |
| **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 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter this same amount on page 2). 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. (The taxable portions of the payment must be $200 or over).  **My Trustee/Custodian and I must complete page 2**  I elect to have \_\_\_\_\_\_\_\_\_\_% federal taxes withheld from my taxable distribution (Default 10%, if left blank). 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. |
| **Federal tax withholding for foreign addresses: A federal withholding tax will be imposed for distributions sent to an address outside of the United States based on a tax treaty with that country.** |

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| **SECTION B: State Income Tax Withholding Election** (for California residents only) |
| I understand that unless I select the box below, 1% California State income tax will be withheld from any portion of my distribution that is not rolled over. I understand that my actual federal or state income tax liability may exceed the amount withheld by MPI 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**

Pursuant to the provisions of the Motion Picture Industry Pension Plan (the “Pension Plan”) and the Motion Picture Industry Individual Account Plan (the “IAP”) (collectively, “MPI”), MPI is authorized to distribute the funds in accordance with the option I selected above.

My signature on this document indicates that I have reviewed a *Summary Plan Description* describing the terms and conditions of the plan as well as a Special Tax Notice 402(f) Regarding Plan Payments.

My citizenship status is *(required for tax purposes)*: U.S. Citizen or Resident Alien Non-Resident Alien\*

Recipient’s Signature Date

*\*If you are a non-resident alien & claiming tax treaty benefits from your country of residence, IRS Form W-8 is required.*

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

To be completed only if choosing Option 3

|  |  |  |
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| **BENEFICIARY** | **PARTICIPANT** | **ROLLOVER AMOUNT** |
| {strSurvivorFullName} | {strParticipantFullName} |  |

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| **SECTION C: Rollover Account** (must be completed by the custodian of your IRA) | | | | | |
| **Type of IRA or Plan:** |  | | |  | |
| IRA – Sec 408(a) | Roth IRA – Sec 408(a) | | | Annuity – Sec 408(b) | |
| **MAKE CHECK PAYABLE TO:** | | (Trustee/Custodian of IRA) | | | |
|  | | | |
| **Account Number** (Please DO NOT use Social Security Number.) | | | | | |
|  | | | | | |
| **PAYMENT HANDLING INSTRUCTIONS** | | | | | |
| **Mail check to recipient** *(check will be mailed to recipient if there is no account number or IRA contact name)***.**  **Mail check to address below** *(please attach additional instructions if applicable).* | | | | | |
| **IRA Contact Name** (Required if Account Number field is not completed) | | | | | |
|  | | | | | |
| **Address** | | | | | |
|  | | | | | |
|  | | |  | |  |
| **City** | | | **State** | | **Zip** |
|  | | |  | |  |
| **If any of the information above is incomplete, the check will be mailed to the recipient.** | | | | | |
| I declare that the IRA 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 identified above. | | | | | |
| Trustee/Custodian’s Signature Date | | | | | |
| **Trustee/Custodian’s Name** | | | **Title** | | |
|  | | |  | | |
| **Email** | | | **Phone** | | |
|  | | |  | | |
| I authorize the IRA identified above to accept a rollover on my behalf. I understand that my check will be processed based on the information above. I will notify MPI if there are any changes to this information. | | | | | |
| Recipient’s Signature Date | | | | | |

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| --- | --- | --- |
| **BENEFICIARY** | **PARTICIPANT** | **DISTRIBUTION AMOUNT** |
| {strSurvivorFullName} | {strParticipantFullName} |  |

|  |
| --- |
| Please refer to the Information about the tax treatment of distributions in the accompanying Special 402(f) Tax Notice Regarding Plan Payments. MPI strongly recommends you discuss the distribution options below with a tax professional. |
| **Check only one option under Section A**  **If you choose option 3, page 2 must be completed by the custodian of your IRA.** |

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| --- |
| **SECTION A: Distribution Type Election** (select only one) |
| **Option 1:** I elect not to have taxes withheld from my distribution and I do not elect to rollover. |
| **Option 2:** I elect to have \_\_\_\_\_\_\_\_\_\_% federal taxes withheld from my taxable distribution (Default 10%, if left blank). |
| **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 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter this same amount on page 2). 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. (The taxable portions of the payment must be $200 or over).  **My Trustee/Custodian and I must complete page 2**  I elect to have \_\_\_\_\_\_\_\_\_\_% federal taxes withheld from my taxable distribution (Default 10%, if left blank). 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. |
| **Federal tax withholding for foreign addresses: A federal withholding tax will be imposed for distributions sent to an address outside of the United States based on a tax treaty with that country.** |

|  |
| --- |
| **SECTION B: State Income Tax Withholding Election** (for California residents only) |
| I understand that unless I select the box below, 1% California State income tax will be withheld from any portion of my distribution that is not rolled over. I understand that my actual federal or state income tax liability may exceed the amount withheld by MPI 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**

Pursuant to the provisions of the Motion Picture Industry Pension Plan (the “Pension Plan”) and the Motion Picture Industry Individual Account Plan (the “IAP”) (collectively, “MPI”), MPI is authorized to distribute the funds in accordance with the option I selected above.

My signature on this document indicates that I have reviewed a *Summary Plan Description* describing the terms and conditions of the plan as well as a Special Tax Notice 402(f) Regarding Plan Payments.

My citizenship status is *(required for tax purposes)*: U.S. Citizen or Resident Alien Non-Resident Alien\*

Recipient’s Signature Date

*\*If you are a non-resident alien & claiming tax treaty benefits from your country of residence, IRS Form W-8 is required.*

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

To be completed only if choosing Option 3

|  |  |  |
| --- | --- | --- |
| **BENEFICIARY** | **PARTICIPANT** | **ROLLOVER AMOUNT** |
| {strSurvivorFullName} | {strParticipantFullName} |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECTION C: Rollover Account** (must be completed by the custodian of your IRA) | | | | | |
| **Type of IRA or Plan:** |  | | |  | |
| IRA – Sec 408(a) | Roth IRA – Sec 408(a) | | | Annuity – Sec 408(b) | |
| **MAKE CHECK PAYABLE TO:** | | (Trustee/Custodian of IRA) | | | |
|  | | | |
| **Account Number** (Please DO NOT use Social Security Number.) | | | | | |
|  | | | | | |
| **PAYMENT HANDLING INSTRUCTIONS** | | | | | |
| **Mail check to recipient** *(check will be mailed to recipient if there is no account number or IRA contact name)***.**  **Mail check to address below** *(please attach additional instructions if applicable).* | | | | | |
| **IRA Contact Name** (Required if Account Number field is not completed) | | | | | |
|  | | | | | |
| **Address** | | | | | |
|  | | | | | |
|  | | |  | |  |
| **City** | | | **State** | | **Zip** |
|  | | |  | |  |
| **If any of the information above is incomplete, the check will be mailed to the recipient.** | | | | | |
| I declare that the IRA 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 identified above. | | | | | |
| Trustee/Custodian’s Signature Date | | | | | |
| **Trustee/Custodian’s Name** | | | **Title** | | |
|  | | |  | | |
| **Email** | | | **Phone** | | |
|  | | |  | | |
| I authorize the IRA identified above to accept a rollover on my behalf. I understand that my check will be processed based on the information above. I will notify MPI if there are any changes to this information. | | | | | |
| Recipient’s Signature Date | | | | | |