{CurrentDate}

# {x stdMbrFullName}

# {x stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{x if stdIsUSA = 1}

{x stdDomesticStateInternationalCountry}

{x else}

{x stdDomesticStateInternationalCountry}

{x stdMbrAdrCountryDesc}

{endif}

**RE: Pension Benefit Verification Form – Third and Final Request**

Dear {stdMbrFirstName} {stdMbrLastName}:

**Your monthly pension benefit has been suspended**

***In order to resume payments uninterrupted, you need to sign and return the certification below to MPI by*** **{ResumptionDate}.** Any certifications received after **{ResumptionDate}** will be processed in the next available payment cycle and will include any payments that have been suspended due to your failure to make the certification in a timely manner.

Please sign below in the presence of a Notary Public. If you live outside of the United States, you will need to have your signature witnessed by the U.S. Consulate. The notarized form may be submitted to MPI by mail or emailed to [PBV@mpiphp.org](mailto:PBV@mpiphp.org) , or you can fax the form to: (818) 755-6523. ***\*If you are unable to obtain a Notary Public, you can verify your Pension Benefit in other ways by following the instructions on the enclosed Frequently Asked Questions page of this notification.***

By signing my name below, I certify under penalty of perjury that {stdMbrFullName} has been receiving pension benefit payments from the Motion Picture Industry Pension Plan. Please cross out any outdated contact information shown above and write the current information to the right.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\* Date

Email (optional) Phone (optional)

\*In the event that an agent pursuant to a Power of Attorney, Conservatorship or Guardianship is intending to sign this form on behalf of the retiree or beneficiary receiving pension payments from the Motion Picture Industry Pension Plan, please contact [PBV@mpiphp.org](mailto:PBV@mpiphp.org) or call (855) 275-4674.

Please disregard this request if you have already submitted a verification form and received a confirmation letter.

**ACKNOWLEDGMENT**

|  |
| --- |
| **A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.** |

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

On **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, before me, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (here insert name and title of the officer), personally appeared **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public Signature (Notary Public Seal)

**Pension Benefit Verification**

**Frequently Asked Questions**

**I am unable to obtain a notary. How else can I verify my Pension Benefit?**

1. Attend a Zoom Pension Benefit Verification meeting between the hours of **1:30 p.m. – 4:30 p.m. only** Pacific Time - Monday through Friday, except on holidays. \***Please see the enclosed Zoom Instructions flyer.**
2. Have your signature witnessed by an MPI Plan Representative at the MPI office located at 11365 Ventura Boulevard, Studio City, CA 91604 between the hours of **8:30 a.m. – 11:30 a.m. only** Monday through Friday, except on holidays. This service is not offered at the New York Office.

* Bring this letter with you, along with your government-issued photo ID (driver’s license or passport)
* Park in the assigned visitor parking spaces in the new parking lot on Ventura Boulevard, next door to MPI.
* If you are unable to have your signature notarized or witnessed by a Plan Representative for medical reasons, the Plan will accept a certification to that effect from a physician who is legally authorized to practice medicine.

**What is Pension Benefit Verification?**

On a periodic basis, the Motion Picture Industry Pension Plan (the Plan) sends the enclosed form to verify that you are receiving your pension benefit payments.

**What is the purpose of this form?**

This verification is part of the Plan’s fiduciary responsibility to ensure that you, the Participant or Beneficiary, receive the benefits to which you are entitled. The Plan also uses this form to verify your signature whenever a written request is received. Having your updated notarized or witnessed signature on record helps the Plan to uphold and protect the confidentiality related to your records.

**How do I fill out this form?**

Just sign the form in front of a notary public or a Plan Representative at the MPI office if you have been receiving your pension payments. Please ensure that the notary public puts your name in the section marked “personally appeared.” If you live outside of the United States, you will need to have your signature witnessed by the U.S. Consulate.

**Why does my signature have to be notarized or witnessed by a Plan Representative?**

The notarized or witnessed signature is required as a deterrent to fraud. It protects not only you, but also the Plan, from becoming victims of fraudulent activity.

**How do I know that the MPI office received my form and that my pension payments won’t stop?**

An acknowledgment letter will be mailed to you when we receive and process your completed form. If your form is incomplete, you will receive a letter informing you what you need to do to correct the situation. If we don’t receive your completed form, you will receive further notifications outlined in the schedule below.

**What will happen if I don’t return the form?**

If we do not receive a completed form, your pension benefit payments will eventually be suspended. Your payments will resume as soon as administratively possible after we receive your completed form. Any payments previously suspended will be paid at that time. We will mail a series of reminders over a three-month period to give you sufficient time to comply with this request. The schedule is listed below.

* Initial mailing of the Pension Payment Verification Form (First request). This mailing will be sent roughly 90 days prior to the interruption of your pension payments.
* Second request will be mailed if the First request form is not received. This mailing will be sent roughly 60 days prior to avoid interruption of your pension payments.
* If you have not returned the form from the First or Second request, the Third and final request will be mailed with a notice regarding the suspension of your payments. This mailing will be sent roughly 30 days prior to the date of the first pension payment that will be suspended. The request also includes the date by which your form must be received to avoid suspension.

**Does the Section on Power of Attorney, Conservatorship, or Guardianship pertain to me?**

If you are incapacitated and unable to have your signature notarized or witnessed by a Plan Representative and have designated a representative to execute retirement transactions on your behalf, your duly authorized representative must complete the area “For Power of Attorney, Conservatorship or Guardianship Representative Only” and provide his/her notarized or witnessed signature on the enclosed form. Please attach a copy of the pertinent legal document.

**My business manager handles my pension benefit payments; can he/she sign the form?**

No. The participant or beneficiary receiving the benefit or a legally authorized representative, such as an attorney-in-fact, conservator or guardian must complete the form. If you have additional questions, please contact the Retirement Benefits Department at PBV@mpiphp.org or you can visit our website at www.mpiphp.org.