March 15, 2017

{stdMbrFullName}

{x stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{x if stdIsUSA = 1}

{x stdDomesticStateInternationalCountry}

{x else}

{x stdDomesticStateInternationalCountry}

{x stdMbrAdrCountryDesc}

{x endif}

**Re: Refund of Non-Vested Employee Contributions and/or Unclaimed Vacation & Holiday Pay Plus Interest**

Dear {stdTitle} {stdMbrLastName}:

This is in response to your recent request for a refund of your Employee Contributions and/or Unclaimed Vacation and Holiday Pay (“UV&HP”) plus interest from the Motion Picture Industry Pension Plan (the “Pension Plan”) and the Motion Picture Industry Individual Account Plan (the “IAP”) (collectively, “MPI”).

{x if strEE = Y}

Our records indicate that you have {EEAmount} of Employee Contributions plus accrued interest of {TotInterestAmount}, totaling {TotEEUVHPnInt} in the Pension Plan. Please complete and return the enclosed Refund Application - Employee Contributions and UV&HP form in order to process your refund.

{x endif}

{x if strUVHP = Y}

Our records indicate that you have {UVHPAmount} of UV&HP plus accrued interest of {TotInterestAmount}, totaling {TotEEUVHPnInt} in the Pension Plan. Please complete and return the enclosed Refund Application - Employee Contributions and UV&HP form in order to process your refund.

{x endif}

{x if strBoth = Y}

Our records indicate that you have {EEAmount} of Employee Contributions and {UVHPAmount} of UV&HP plus accrued interest of {TotInterestAmount}, totaling {TotEEUVHPnInt} in the Pension Plan. Please complete and return the enclosed Refund Application - Employee Contributions and UV&HP form in order to process your refund.

{x endif}

**Documents Required**

* Proof of age: You must submit legal evidence of your date of birth prior to the receipt of any benefit payments. You may provide a clear photocopy of your birth certificate, passport, military discharge papers, residency card or naturalization certificate.
* Verification of Tax ID for yourself and your beneficiary(ies): You must submit proof of a Social Security Number (SSN) or Tax ID Number (TIN) for yourself and each beneficiary. You may provide a clear photocopy of a Social Security card or Medicare card.

All proceeds from this distribution, including your Employee Contributions, may be eligible for rollover treatment.

***Please refer to the enclosed IRS Notice - Special Tax Notice Regarding Plan Payments (Pink) - for more detailed rules regarding your distribution.***

A return addressed envelope has been provided for your convenience. MPI will process your payment within 60 days after receipt of your document(s) and completed form(s). Please note that your refund request may be cancelled if MPI does not receive the required forms and documents by {istrDueDate}.

If you have any questions, please contact MPI’s Participant Services Center by email at service@mpiphp.org or by telephone at (855) ASK-4MPI between 8 a.m. and 5 p.m. Pacific Time, Monday through Friday.

Sincerely,

{stdLoggedInUserFullName}

Retirement Benefit

**IMPORTANT NOTE: MPI will send you a 1099R Tax form in January following your payment. It is imperative that you inform MPI of your new mailing address, should it change after your payment is received.**

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 actual provisions of the plans shall govern.