**Age 73 RMD Optional Election Form**

This form is to postpone a Required Minimum Distribution (RMD) commencement to April 1 of the year after the Participant attains age 73 (Age 73 RMD) rather than April 1 of the year after the Participant attains age 70½.

To the Board of Directors of the Motion Picture Industry Pension Plan (the “Pension Plan”) and the Motion Picture Industry Individual Account Plan (“IAP”) (collectively “the Plans”):

This is to notify you that I, **{stdMbrFullName}**, intend to postpone the commencement of my RMD benefits to **{dtRMD72Date}** rather than **{dtDate}**.

**PLEASE READ CAREFULLY BEFORE SIGNING**

**I understand that:**

1. I am voluntarily electing to postpone my RMD benefits from the Plans and any merged Local plan under which I am eligible to receive benefits. No plan requires me to delay receipt of my RMD benefits.

1. This form must be received by the Plans no later than **{dtReturnDate}.**
2. If the Plans do not receive this form by **{dtReturnDate}** my RMD date will remain **{dtDate}.**
3. This is a one-time only election, that will be irrevocable after **{dtReturnDate}.**
4. To cancel this election, I must submit a written notice of cancelation received by the Plans prior to **{dtReturnDate}** or submit a completed Minimum Distribution Benefit Election Form\* prior to **{dtReturnDate}.**
5. If the Plans receive this signed form and a completed Minimum Distribution Benefit Election Form\* at the same time, the Minimum Distribution Benefit Election Form\* will be used and my RMD date will be **{dtDate}.**
6. If the Plans receive this signed form after a completed Minimum Distribution Benefit Election Form\* has been submitted, this form will be used and my RMD date will be**{dtRMD72Date}**.

My signature on this document indicates that I have read and understand the terms and conditions of this election to postpone my RMD benefit commencement.

Participant’s Signature Date

\*Including any Local Plan Benefit Election Form (if applicable)