|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT:** | {stdMbrFullNameInProperCase} | | | **BIRTH DATE:** | | | {stdMbrDateOfBirth} | |
| **SPOUSE:** | {stdMbrSpouseFullName} | | | **BIRTH DATE:** | | | {stdSpouseDateOfBirth} | |
| **RETIREMENT DATE:** | {strRetirementDate} | **TYPE:** | {strBenefitType} | **YEARS:** | {yrs} | **HOURS:** | | {VESTED\_Hours} |

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

This is to notify you that I,**{stdMbrFullNameInProperCase}**, intend to retire from the motion picture industry (the “Industry”) and start my benefits from the Plans on **{strRetrDate}**.

**PLEASE READ CAREFULLY BEFORE SIGNING**

**I understand that:**

1. I am voluntarily electing to start my benefits from the Plans. Neither plan requires me to start my benefits.
2. Except as provided below, I will receive retirement benefits starting on my Retirement Date in accordance with my election of payment options under the Plans. Except as provided below, my Pension Plan benefits continue as long as I live, provided I remain in retirement from the Industry.
3. I will be considered a Pensioner when I do not work in (or receive any consideration from) the Industry (whether or not my employer contributes to the Plans) for two complete calendar months immediately following my Retirement Date.
4. Before any payment(s) can be made, I must provide to the Plans proof of my date of birth, Social Security number and, if married, my spouse's date of birth and marriage certificate. In addition, if applicable, I must provide a conformed copy(ies) of the final judgment(s) with the property settlements and agreements and/or death certificate(s) for previous spouse(s) during my participation under the Plans to verify that my prior spouse(s) has no claim to any portion of my pension benefit.
5. For any Payroll Month in which I am re-employed in the Industry for 50 hours or more in a covered job classification, my Pension Plan benefits derived from employer contributions will be forfeited. However, the portion derived from my own contributions, if any, will continue. Benefits will not be suspended for any month beginning on or after April 1st following the year I reach age 70½. (This paragraph does not apply to the IAP.)
6. I will earn additional benefits in the Plans only if I work at least 870 Credited Hours in a Computation Year\* after my Retirement Date. Any benefits I earn in Computation Years on or after April 1st following the year I reach age 70½ will be reduced by the value of distributions I receive for months I work 50 or more hours in the Industry.
7. If I retire early with unreduced benefits (age 60 through 64, with 30+ Qualified Years and requisite hours) and have been re-employed for 400 hours of work in a covered job classification in the Industry during a Computation Year, payment of all my Pension Plan benefits will be forfeited until I reach age 65. (This paragraph does not apply to the IAP.)
8. The benefit payable to me is subject to final verification, review and adjustment.

**PARTICIPANT’S CONSENT**

I understand this application must be received by the Plans at least two complete calendar months prior to my Retirement Date, *i.e.,* no later than **{strSixtyDaysPriorDate}**, or it will not be accepted. If I want to cancel this application after returning it to the Plans by the initial deadline, the Plans must receive a completed, signed **Cancellation Form** prior to my Retirement Date.

Under penalty of perjury, I certify that my current marital status is: Single Married Divorced

My citizenship status *(required for tax purposes)* is: U.S. Citizen U.S. Resident Alien Other

My signature on this document indicates that I have read and understand the terms and conditions of this application.

Participant’s Signature Date