|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT:** | {stdMbrFullName} | | | | **BIRTH DATE :** | | {stdMbrDateOfBirth} | | |
| **SURVIVING SPOUSE:** | {stdMbrSpouseFullNameInCaps} | | | | **BIRTH DATE :** | | {stdSpouseDateOfBirth} | | |
| **EARLIEST RETIREMENT DATE:** | | {BenDate} | **TYPE:** | Pre-Retirement Death | **YEARS:** | {YRS} | | **HOURS:** | {HOURS} |

**BENEFIT OPTION ELECTION**

This is to notify you that I am familiar with the Motion Picture Industry Pension Plan (the “Pension Plan”) and the Motion Picture Industry Individual Account Plan (the “IAP”) rules, which provide that I may elect one of the following two benefit payment options. If the balance of my account is $5,000 or less, then my benefit will automatically be paid in a lump sum.

|  |  |  |
| --- | --- | --- |
| **Benefit Options** | **Payment Amount** | **Initial One** |
| 1. **Life Annuity** *(and UVHP, if applicable)* | **{ANTY}**  **See Annuity Election Form** |  |
| **{x if L52 = Y}**  **2. 120-Monthly Payments**  **{x else}**   1. **Estimated Lump-Sum Payment\***   *(and UVHP plus interest, if applicable)*  **{x endif}** | **{lump}** |  |

\* *Based on estimated payment date of* *{PaymentDate}.*

**BENEFICIARY DESIGNATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | | Relationship  Spouse Child |
| Social Security Number | Birth Date (MM/DD/YYYY) | Beneficiary Type  Primary Contingent %: | |
| Mailing Address | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | | Relationship  Spouse Child |
| Social Security Number | Birth Date (MM/DD/YYYY) | Beneficiary Type  Primary Contingent %: | |
| Mailing Address | | | |

**PLEASE USE A SEPARATE SHEET OF PAPER TO DESIGNATE ADDITIONAL BENEFICIARIES.**

**SURVIVING SPOUSE’S CONSENT**

I acknowledge that the above options have been fully explained to me and that the selection I made is with the full knowledge of the terms of the Pension Plan. I understand that the amounts set forth above are subject to final verification, review and adjustment.

I understand that I may only revoke this benefit election during the 90-day period immediately preceding my benefit commencement date. I understand that, upon commencement of my benefit, this benefit election is irrevocable. I certify that all of the foregoing information is true and correct.

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, by {stdMbrSpouseFullName}, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(NOTARY STAMP)

**Signature of MPI Representative or Notary Public in and for said County and State**

Surviving Spouse’s Signature Date

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT:** | | {stdMbrFullName} | | | **BIRTH DATE:** | {stdMbrDateOfBirth} |
| **SURVIVING SPOUSE:** | | {stdMbrSpouseFullNameInCaps} | | | **BIRTH DATE:** | {stdSpouseDateOfBirth} |
| **YEARS:** | {YRS} | **HOURS:** | {HOURS} | **EARLIEST RETIREMENT DATE:** | | {BenDate} |

**BENEFIT COMMENCEMENT DATE ELECTION**

A Life Annuity provides a monthly lifetime benefit payment. No benefit will be paid to any survivor. If the present value of your monthly benefit is $5,000 or less, then your Motion Picture Industry Pension Plan (the “Pension Plan”) benefit will be paid in a lump sum.

The amount of your monthly payment is dependent upon your age and the age your spouse would have been on the date you elect to begin receiving your benefit.

The payment amounts below are estimates based upon your spouse’s Qualified Years and Credited Hours of service with the Pension Plan. These amounts are subject to audit and final review.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Initial One** | **Type of Pension** | **Participant’s Age** | **Spouse’s Age** | **Payment Amount** | **Earliest Benefit Commencement Date** |
| {tb DeathEstimate} |  |  |  |  |  |

**SURVIVING SPOUSE’S CONSENT**

I understand if I elect a Life Annuity, I must apply during the 180-day period immediately preceding my desired Benefit Commencement Date. However, my benefit may not begin later than {istrBenDate}. I understand that I may only revoke this benefit election during the 90-day period immediately preceding my benefit commencement date. I understand that, upon commencement of my benefits, this benefit election is irrevocable. I certify that all of the foregoing information is true and correct.

I acknowledge that the above options have been fully explained to me, and that the selection I made is with the full knowledge of the terms of the Pension Plan. I understand that the amounts set forth above are subject to final verification, review and adjustment.

Surviving Spouse’s Signature Date