{CurrentDate}

{stdMbrSpouseFullNameInCaps}

{x stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{x if stdIsUSA = 1}

{x stdDomesticStateInternationalCountry}

{x else}

{x stdDomesticStateInternationalCountry}

{x stdMbrAdrCountryDesc}

{endif}

**Re:** **{stdMbrFullNameInProperCase}**

Dear {stdSpouseNamePrefix} {stdMbrSpouseFullName}:

The Motion Picture Industry Pension Plan and Individual Account Plan (IAP), learned of {stdMbrFullNameInProperCase}’s passing. Please accept our sincere sympathy for the loss of your spouse.

{stdMbrFullNameInProperCase} elected the {BenOpt} benefit option at the time of retirement. As the surviving spouse, you are entitled to a continued pension benefit which is equal to {BenefitOptionPercent} of the payment amount {stdMbrFullNameInProperCase} received.

Please submit the following documents to MPI to commence your benefits:

* Death Certificate: Document must list manner of death (photocopy acceptable).
* IRS Form W-9 (copy enclosed)
* Survivor Information form: This must be returned.
* Pension Direct Deposit Authorization form: If the form is not returned paper checks will be sent. We cannot deposit into a Trust Account.
* Form W-4P Federal Withholding Tax Certificate: If not received and correctly completed, withholding will default according to IRS instructions with tax filing status as Single.
* State Withholding Tax Certificate: If not received and correctly completed, withholdings will default according to designated state instructions.
* Survivor Beneficiary Designation form: In case there are any outstanding benefits upon your passing. You do not have to list a family member; it can be anyone you choose. This form is optional.

Please note that MPI has attempted to reverse any monthly payments made after {DOD}.

We understand that this is a difficult time for you, and it is our goal to make this process as quick and simple as possible. If we receive the document(s) requested above by the 10th of the month, your payments will begin on the 1st of the following month. The payment will be retroactive to the month following {stdMbrFullNameInProperCase}’s death provided there are no overpayments. A return addressed envelope has been provided for your convenience. If you prefer, you may fax these to (323) 877-2223 or email them to {stdLoggedInUserEmailID}

If you have any questions, please contact me at {stdLoggedInUserEmailID} or call (818)-769-0007 Ext. 2467.

Sincerely,

{stdLoggedInUserFullName}

Retirement Benefits