{CurrentDate}

### {stdMbrFullName}

{x stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{x if stdIsUSA = 1}

{x stdDomesticStateInternationalCountry}

{x else}

{x stdDomesticStateInternationalCountry}

{x stdMbrAdrCountryDesc}

{endif}

**Re:** **stdMbrFullNameInProperCase** **{BenefitType} Request**

Dear {stdMbrFullName}:

The Motion Picture Industry Pension Plan (the “Pension Plan”) and the Motion Picture Industry Individual Account Plan (the “IAP”) (collectively, “MPI”) has received the following documents:

|  |
| --- |
|  |

However, we require additional information in order to process your {BenefitType} benefits. Please review the following and submit the required information to MPI.

Complete the highlighted sections on the enclosed form.

Complete the enclosed form.

Your signature is required on the enclosed Benefit Election Form.

Your spouse’s signature is required on the enclosed Benefit Election Form. Please have your spouse’s signature

witnessed by a Notary Public or an MPI representative.

Initial your chosen benefit option under the Pension Plan on the enclosed Benefit Election Form.

Initial your chosen benefit option under the IAP on the enclosed Benefit Election Form.

A copy of your Social Security card (a printout from SSA showing your name and social security number is

sufficient) or completion of Form W-9.

A copy of your spouse’s/beneficiary’s Social Security card (a printout from SSA showing your

spouse’s/beneficiary’s name and social security number is sufficient) or completion of Form W-9.

A copy of your proof of age/birth documents**.** You must submit legal evidence of your birth date, such as a

copy of your birth certificate, passport, Real ID, DD-214 military discharge form, baptismal records, residency

card or Certificate of U.S. Naturalization issued by the U.S. Citizenship and Immigration Service.

A copy of your spouse’s proof of age/birth documents. You must submit legal evidence of your spouse’s birth

date, such as a copy of your birth certificate, passport, Real ID, military discharge papers, baptismal records,

residency card or Certificate of U.S. Naturalization issued by the U.S. Citizenship and Immigration Service.

A copy of your marriage certificate.

Your final divorce decree. We require a complete conformed copy with the judge’s signature and the property

settlement and/or interlocutory judgment, if referenced in the final judgment. If your former spouse is

deceased, then please submit a copy of the death certificate.

A copy of your ex-spouse’s death certificate.

Your signed Acknowledgement of Medicare Coordination Rules.

Your spouse’s signature is required on the enclosed Acknowledgement of Medicare Coordination Rules.

Your Lump Sum Distribution Election Form.

Page 2 of your Lump Sum Distribution Election Form with rollover account information **completed by your**

**financial institution.**

Your Non-resident Alien Status Form.

Your Tax Withholding Election Form. If we do not receive the required document(s) at time of processing, we

will default your tax withholding based upon the election of Married with three allowances.

Your Retirement Affidavit.

Your signature on your Retirement Affidavit.

Your Direct Deposit Authorization Form. If we do not receive the required document(s) at time of processing,

we will send a check to your address.

In addition to a Power of Attorney, MPI also requires a Physician’s Certification of Incapacity. The Certification

must be an original or certified copy. The document will be returned upon request.

An original copy of the current Letters of Conservatorship, certified by the court within the last 90 days.

Please submit the requested documents by the stated date on Your Important Notice flyer. If we do not receive these documents by this date, your {BenefitType} request may be delayed a month or more. However, if we do not receive your properly completed Retirement Benefit Election form before your planned retirement date, your request to initiate your retirement benefits will be cancelled.

If you have any questions, please contact the Retirement Services department at (818) 769-0007, extension 2499 or by email at rsd@mpiphp.org

Sincerely,

{stdLoggedInUserFullName}

Retirement Benefits

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.