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| ***Pursuant to the provision of the Motion Picture Industry Pension and Individual Account Plans (the ''Plans''), the Plans are authorized to distribute the funds in accordance with the Option I have selected below. I understand that the distribution process may be delayed or canceled if this form along with the application is not received by the Plan Office within 60 days from your application date.*** | | | |
| **PARTICIPANT’S INFORMATION:** (Unless otherwise noted, your distribution will be mailed to the address listed below.) | | | |
| Name: | {stdMbrFullNameInProperCase} |  | *{PartLumpSumBenAmt} (through* *{LumpSumYear})* |
| Address: | {x stdMbrAdrCorStreet1}  {x stdMbrAdrCorStreet2}  {x if stdIsUSA = 1}  {x stdDomesticStateInternationalCountry}  {x else}  {x stdDomesticStateInternationalCountry}  {x stdMbrAdrCountryDesc}  {endif} |  |  |
|  |  |  |
|  |  |  |
| Phone#: | (88818) 77869-0007 |  |  |

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| **ROLLOVER ELECTION/TAX WITHHOLDING**  Information about the tax treatment of distributions is in the accompanying Official IRS Notice- Special Tax Notice Regarding Plan  Payments. Please refer to it if you have any question about your options below. | | | | | | | | | | | | | | | | |
| **Check only one option under sections A and C. Complete section 8, if applicable** | | | | | | | | | | | | | | | | |
| If you do not elect to rollover all or a portion of your distribution directly to an IRA or another qualified plan that accepts rollovers, an automatic 20% in Federal income taxes will be withheld from any amounts not directly rolled over, if applicable. | | | | | | | | | | | | | | | | |
| **SECTION A:** | | | | | | | | | | | | | | | | |
|  | Option 1: I do not elect a direct rollover of my distribution. Please issue the check for the balance payable to me. I understand that mandatory 20% Federal income tax and State income tax, if applicable, will be withheld. | | | | | | | | | | | | | | | |
|  | Option 2: I elect to rollover the entire distribution directly into my IRA or qualified plan (complete section B). (The taxable portion of the payment must be $200 or over). | | | | | | | | | | | | | | | |
|  | Option 3: I elect to rollover $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of my distribution directly to my IRA or qualified plan (complete section B). The balance of the taxable portion, less applicable Federal and State income tax withholding will be paid to me separately. | | | | | | | | | | | | | | | |
| **SECTION B: (IMPORTANT: This section must be completed by the custodian of your IRA or your new employer)** | | | | | | | | | | | | | | | | |
| Type of IRA or Plan: | | | | IRA – Sec 408(a) | | | | Roth IRA – Sec 408(a) | | | Annuity – Sec 408 (b) | | | | Qual.Trust(Plan) – Sec 401(a) | |
|  | | | | Annuity Plan – Sec 403(a) | | | | | Annuity – Sec 403(b) | | | Govt. Deferred Comp. Plan – Sec 457(b) | | | | |
| **Check will be made to:** | | | | | |  | | | | | | | **(Trustee/Custodian of IRA/Qualified Plan)** | | | |
| Account Number (if applicable): | | | | | | |  | | | | | | **(Please DO NOT use Social Security Number)** | | | |
| Address: | |  | | | | |  | | | City: | | | | State: | | Zip: |
| I declare that the IRA or employer plan identified above will accept a rollover on behalf of the recipient hereof. I declare that I am authorized to act on behalf of the financial institution, the IRA or employer plan identified above. | | | | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | | Date: | | | |
| Print Name & Title: | | | | |  | | | | | | | | Phone: | | | |
| **SECTION C:** | | | | |  | | | | | | | |  | | | |
| I understand that my actual Federal or State income tax liability may exceed the amount withheld from the distribution to me. I understand that I may be subject to tax penalties under the estimated tax payment rules if my estimated tax payments and withholding are inadequate. | | | | | | | | | | | | | | | | |
| I elect to have California State income taxes withheld | | | | | | | | | | I elect NOT to have California State income taxes withheld | | | | | | |

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| **AUTHORIZED SIGNATURE:** | **PLEASE REVIEW CAREFULLY BEFORE SIGNING** |
| My signature on this document indicates that I have received and read a Special Tax Notice 402(f) Regarding Plan Payments. | |
| Signature: Tax ID/SSN: Date: . | |