|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PARTICIPANT:** | {stdMbrFullNameInProperCase} | | **BIRTH DATE:** | {stdMbrDateOfBirth} |
| **SURVIVING SPOUSE:** | {stdMbrSpouseFullName} | | **BIRTH DATE:** | {stdSpouseDateOfBirth} |
| **WITHDRAWAL TYPE:** | IAP Survivor Benefit | **BENEFIT COMMENCEMENT DATE:** | | {BenCommencementDt} |

**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.

|  |  |  |
| --- | --- | --- |
| **Initial One** | **Benefit Options** | **Payment Amount** |
|  | 1. **Estimated Life Annuity Purchase** (*Subject to change at actual retirement)*   The Life Annuity will be payable for your lifetime, beginning on the benefit commencement date indicated above. The amount of the monthly Life Annuity payment will be based on the IAP balance including investment income or losses through the quarter prior to the annuity start date. | **{LIFE}** |
|  | 1. **Lump-Sum Payment**   This option provides a lump-sum payment of the IAP balance including investment income and losses through the quarter prior to the payment date (or retirement date if the Participant retired or applied for retirement prior to their death). Payment will be made within 60 days of MPI’s receipt of your completed form.  The lump sum payment is subject to a mandatory 20% federal tax withholding unless a direct rollover to an IRA or other employer plan is made. More information about the tax ramifications of this payment is set out in the enclosed Special Tax Notice. | **{BenefitAmt}**  *(through* *{Year})* |

**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 IAP. I understand that the amounts set forth above are subject to final verification, review and adjustment, including investment income and losses as of the quarter prior to the scheduled payment date.

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.

Surviving Spouse’s Signature Date

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**