|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT:** | | {stdMbrFullNameInProperCase} | | | | **DATE OF BIRTH:** | | | {stdMbrDateOfBirth} | |
| **SURVIVING SPOUSE:** | | {stdMbrSpouseFullName} | | | | **DATE OF BIRTH:** | | | {stdSpouseDateOfBirth} | |
| **RETIREMENT DATE:** | {BenDate} | | **TYPE:** | {Ret\_Type} | **YEARS:** | | {YRS} | **HOURS:** | | {HOURS} |

**BENEFIT ELECTION**

This is to notify you that I am familiar with the Motion Picture Industry Pension (MPI) and Individual Account Plan (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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **PENSION BENEFIT ELECTION** | | | |  | 1. **IAP BENEFIT ELECTION** | | | |
| **Benefit Payment Option** |  | | **Initial One** |  | **Benefit Payment Option** | |  | **Initial One** |
| 1. **Life Annuity**   *(and UVHP, if applicable)* | | **See Annuity Election Form** |  |  | 1. **Estimated Life Annuity Purchase\*\***   (*Subject to change at actual retirement)* | **${Est\_Amt}** | |  |
| 1. **Estimated Single Lump-Sum Payment\***   *(and UVHP plus interest, if applicable)* | | **${LS + UVHP+int}** |  |  | 1. **Single Lump-Sum Payment** | **$ 20,809.87**  *(through {2010})* | |  |

*\*Based on estimated Payment Date of {Payment Date from Death Calculation}.*

*\*\* If you elect the Single Lump-Sum Payment in the Pension Plan, this option will not be applicable and your Individual Account Plan benefit will be paid as a lump-sum.*

**SEE REVERSE FOR ESTIMATED BENEFIT AMOUNTS**

**BENEFICIARY DESIGNATION ❑ Pension ❑ IAP ❑ Both**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | | | |

**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 Motion Picture Industry Pension Plan. I understand that the amounts set forth above are subject to final review and possible adjustment, including investment income and losses as of the year or 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 retirement, 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 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**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT:** | | {stdMbrFullNameInProperCase} | | | | **DATE OF BIRTH:** | | | {stdMbrDateOfBirth} | |
| **SURVIVING SPOUSE:** | | {stdMbrSpouseFullName} | | | | **DATE OF BIRTH:** | | | {stdSpouseDateOfBirth} | |
| **RETIREMENT DATE:** | {BenDate} | | **TYPE:** | {Ret\_Type} | **YEARS:** | | {YRS} | **HOURS:** | | {HOURS} |

**BENEFIT ELECTION**

A Life Annuity provides a monthly lifetime benefit payment. No benefit will be paid to any survivor. If the actuarial equivalent of your monthly benefit is $5,000 or less, then your 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 MPI. 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 {Normal Retirement 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.

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 audit and final review.

Surviving Spouse’s Signature Date