June 20, 2013

{x qu VENDOR\_NAME}

{x qu VENDOR\_ST\_ADDRESS}

{x qu VENDOR\_ADDRESS}

**Re:** **{stdMbrFullName}**

Case Number :{x qu USER\_PAR}

Dear Sir/Madam:

Pursuant to your recent Subpoena Duces Tecum requiring you to appear before a court in the above matter, please find Participant records from the Motion Picture Industry (MPI) Pension Plan and Individual Account Plan (IAP). Medical and insurance records may be obtained from the Motion Picture Industry Health Plan.

I, the undersigned, declare that: I am the duly authorized custodian of the accompanying records and have authority to certify the records.

These copies are true copies of all records described in the application for the Subpoena Duces Tecum. The records were prepared by the personnel of this organization in the ordinary course of business at or near the time of the act, condition, or event.

Current Motion Picture Industry Pension Plan guidelines require a $15.00 service fee for the copying of documents. Please make your check payable to the Motion Picture Industry Pension & Individual Account Plans. A return-addressed envelope is enclosed for you convenience. Please disregard if payment has already been submitted.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this {qu CUR\_DATE} at Studio City, California.

Sincerely,

Michelle Yanes, Retirement Benefits

Motion Picture Industry Pension & Health Plans

MY/ stdLoggedInUserInitialsInLowerCase

Enclosures

Annual Benefit Summary

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Pension Hours** | **Qualified Years** | **Vested Hours** | **Vested Years** | **Break in Service Years** | **Comments** |
| {tb AnnualBeneiftSummary} |  |  |  |  |  |  |

Individual Account Plan Allocation Detail

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Source** | **Allocation 1** | **Allocation 2** | **Allocation 2 Frft** | **Allocation 2 Invt** | **Allocation 3** | **Allocation 4** | **Allocation 4 Frft** | **Allocation 4 Invt** | **Allocation 5** | **Total** | **Overridden Total**Bottom of Form |
| {tb IAP} |  |  |  |  |  |  |  |  |  |  |  |

Work History

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Beginning Date** | **Ending Date** | **Plan Year** | **IAP Hours** | **MPI Hours** | **Employer** | **Union** |
| {tb WorkHistory} |  |  |  |  |  |  |