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| --- | --- | --- | --- | --- |
| **PARTICIPANT:** | {stdMbrFullNameInProperCase} | | **BIRTH DATE:** | {stdMbrDateOfBirth} |
| **SPOUSE:** | {stdMbrSpouseFullName} | | **BIRTH DATE:** | {stdSpouseDateOfBirth} |
| **WITHDRAWAL TYPE:** | Individual Account Plan | **WITHDRAWAL DATE:** | | {dtWithdrawaldate} |

To the Board of Directors of the Motion Picture Industry Pension Plan (“Pension Plan”) and the Motion Picture Industry Individual Account Plan (“IAP”) (collectively “the Plans”):

This is to notify you that I, {stdMbrFullNameInProperCase}**,** intend to withdraw my balance from the IAP as of **{strWithdwrlDate}**.

**PLEASE READ CAREFULLY BEFORE SIGNING**

**I understand that:**

1. I am voluntarily electing to withdraw my balance under the IAP. The IAP does not require me to withdraw my balance.
2. Except as provided below, I may be eligible to receive IAP benefits in accordance with Article I, Section 10(b) of the IAP Trust Agreement as a Participant who is vested in the IAP but NOT vested in the Pension Plan and who has incurred a Break in Service\*.
3. I cannot repay my distributions to the IAP under any circumstances.
4. Before any payment(s) can be made, I must provide to the Plans proof of my date of birth, Social Security number and, if married, my spouse's date of birth and marriage certificate. In addition, if applicable, I must provide a conformed copy(ies) of the final judgment with the property settlements and agreements and/or death certificate(s) for previous spouse(s) during my participation under the Plans to verify that my prior spouse(s) has no claim to any portion of benefit.
5. If I am re-employed and earn benefits under the IAP, all Credited Hours and Qualified Years earned prior to the Break-in-Service shall be ignored for purposes of determining any future allocations.
6. I currently do not qualify for a Pension Benefit from the Pension Plan because I am not vested. In order to start my Pension Plan benefit, I must be qualified for an Early, Normal or Late Retirement Pension and complete a separate Retirement Application at least two calendar months before my desired Retirement Date.
7. The benefit payable to me is subject to final verification, review and adjustment.

**PARTICIPANT’S CONSENT**

I understand that if the Plans do not receive my completed application prior to my withdrawal date, it will become invalid and moved to the 1st of the month following the date my application is received. In addition, all supporting documents must be received within sixty days of the date my application is received to avoid automatic cancellation.

Under penalty of perjury, I certify that my current marital status is: Single Married Divorced

My citizenship status *(required for tax purposes)* is: U.S. Citizen U.S. Resident Alien Other

My signature on this document indicates that I have read and understand the terms and conditions of this application.

Participant’s Signature Date