|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT:** | {stdMbrFullNameInProperCase} | | | | | **BIRTH DATE:** | | | {stdMbrDateOfBirth} | |
| **SPOUSE:** | {stdMbrSpouseFullName} | | | | | **BIRTH DATE:** | | | {stdSpouseDateOfBirth} | |
| **WITHDRAWAL DATE:** | | {dtRetirementDate} | **PLAN:** | {istrLocalPlan} | **YEARS:** | | {yrs} | **HOURS:** | | {hours} |

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

This is to notify you that I, {stdMbrFullNameInProperCase}, intend to withdraw my balance from the IAP that I accrued from the {istrLocalPlan}, I.A.T.S.E. Annuity Fund (the “Special Account”) on **{dtRetirementDate}**.

**PLEASE READ CAREFULLY BEFORE SIGNING**

**I understand that:**

1. I am voluntarily electing to withdraw my balance under the Special Account. The IAP does not require me to withdraw my balance.
2. Except as provided below, I will receive a benefit in accordance with my election under the Special Account. I am not requesting any Pension Plan benefits at this time.
3. I may withdraw the balance in the Special Account when I attain age {if istrIsLocal52 = Y}59 ½. Prior to age 59 ½, I may withdraw the balance in the Special Account if I have a three-month{else} 57 (or the fifth anniversary of my commencement of participation in the Plan, if later). Prior to age 57, I may withdraw the balance in the Special Account if I have a six-month{endif} consecutive period without earning any Credited or Vested Hours under the MPI (distributions will not be made until the MPI verifies this, and no distribution will be made if the MPI learns that you have returned to work during this verification period).
4. I cannot repay my distribution to the IAP under any circumstance.
5. Before any payment(s) can be made, I must provide to MPI 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 MPI to verify that my prior spouse(s) has no claim to any portion of my benefit.
6. The benefit payable to me is subject to final verification, review and adjustment.

**PARTICIPANT’S CONSENT**

I understand that if MPI does 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