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| --- | --- | --- | --- | --- |
| **PARTICIPANT:** | {stdMbrFullNameInProperCase} | **BIRTH DATE:** | {stdMbrDateOfBirth} | |
| **SPOUSE:** | {stdMbrSpouseFullName} | **BIRTH DATE:** | {stdSpouseDateOfBirth} | |
| **REFUND TYPE:** | Employee Contributions (including UV&HP) plus interest | | |  |

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}, hereby voluntarily request a refund of my Employee Contributions including Unclaimed Vacation and Holiday Pay (“UV&HP”), plus interest, from the Pension Plan as of **{strRefundDate}**, in accordance with Article V, Section 2 of the Pension Plan.

**PLEASE READ CAREFULLY BEFORE SIGNING**

**I understand that:**

1. I am voluntarily electing to receive a refund. The Pension Plan does not require me to receive a refund.
2. The amount of my refund is the amount of my Employee Contributions (including UV&HP, if any) on record with the Pension Plan, plus interest, and may only be available to me if I am not vested in the Pension Plan.
3. If the benefit is over $5,000 when payment is due, benefits will be paid as an annuity unless I (and my spouse, if married) elect otherwise on a benefit election form.
4. Before any payment(s) can be made, I must provide proof of my date of birth and, if married, my spouse’s date of birth and marriage certificate to the Plans for verification. In addition, I must provide a conformed copy of any final divorce decrees (with the property settlement and agreement) for any previous spouse(s) during my participation in MPI to determine if my prior spouse(s) has a claim on my pension benefit.
5. If I am on a Break in Service\*, I will receive payment within approximately sixty days after the delivery of this application and all required documentation to the Plans.
6. If I am not on a Break in Service, I will be eligible to receive my refund when I do not work in (or receive any consideration from) the Industry (whether or not my employer contributes to the Pension Plan and the IAP Plans), for three complete calendar months following submission of this application and all required documentation to the Plans. I will receive payment within approximately sixty days after completion of the three-month no-work requirement.
7. I cannot buy back benefits if they are already forfeited due to a Break in Service. Even if I repay such Contributions, my earlier credited hours will be ignored for purposes of calculating the amount of any Disability Pension (if eligible), unless I earn two qualified years after I repay my contributions.
8. I cannot repay the amount I received from UV&HP once I withdraw.
9. I understand that the refund payable is subject to final review and possible adjustment.

**PARTICIPANT’S CONSENT**

I understand that this application and all required forms and legal documents must be received by the Plans on or before {CurrentDatePlus60days} or this refund application will become invalid.

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

Participant’s Signature Date