**MOTION PICTURE INDUSTRY INDIVIDUAL ACCOUNT PLAN (IAP)**

This sheet describes information and choices identified in the Benefit Estimate Form. Please read this information carefully before making a decision about the retirement benefit payments. If you have any questions, please call the Plan Office at (310) or (818) 769-0007 Ext: 627.

**Annuity Purchase Option under the lAP:**

The Plan Office will purchase an annuity for you from an insurance company using your account balance. You will receive a monthly benefit from a insurance company.

**1. Life Annuity:**

The monthly Life Annuity Benefit ceases upon the death of a Participant. No monthly benefits are paid to any survivor.

**2. Joint & 50% Survivor:**

This is the automatic form for married Participants unless the Participant and the Spouse\* elect another form. This monthly benefit is an amount which is actuarially reduced from the amount of the Benefit in item "1" above. After a Participant's death, if the Participant's Spouse is still alive, the Benefits will continue to the Spouse for his/her lifetime. The surviving Spouse will receive 50% of the amount paid to the Participant. If the Spouse dies and the Participant is still alive, the benefit amount will not change and will be paid to the Participant for his/her lifetime.

**3. Joint & 75% Survivor:**

This monthly benefit is an amount which is actuarially reduced from the amount of the benefit in item "1" above. After a Participant's death, if the Participant's Spouse\* is still alive, the Benefits will continue to the Spouse as long as the surviving Spouse lives. The surviving Spouse will receive 75% of the amount paid to the Participant. If the Spouse dies and the Participant is still alive, the benefit amount will not change and will be paid for the Participant's lifetime.

**4. Joint & 100% Survivor:**

This monthly benefit is an amount which is actuarially reduced from the amount of the benefit in item "1" above. After a Participant's death, if the Participant's Spouse\* is still alive, the Benefits will continue to the Spouse as long as the surviving Spouse lives. The surviving Spouse will receive 100% of the amount paid to the Participant. If the Spouse dies and the Participant is still alive, the benefit amount will not change and will be paid for the Participant's lifetime.

**5. Ten Year Certain & Life:**

Monthly benefits are paid to the Participant as long as the Participant lives. If the Participant dies within a period of 10 years following the Retirement Date, the monthly installments, if any, due from the Participant's death to the end of the original ten-year period shall be paid to the designated beneficiary, limited to the surviving spouse, child and/or children.

**6. Single Lump-Sum Payment:**

If the lAP balance is $5,000 or less, the benefit is paid to the Participant in a single lump sum. No further benefits will be paid. If the lAP balance is more than $5,000, you may choose one of the above option, which pays you a monthly benefit. The lump sum payment is subject to a mandatory 20% Federal Tax Withholding unless a direct rollover to an IRA or other employer plan is made. See Special Tax Notice Regarding Plan Payments for details.

**Annuity Purchase Option under the lAP:**

If you elect from Option 1,2, 3, 4 or 5, the Plan Office will purchase an annuity for you from an insurance company using your account balance. You will receive a monthly benefit from the insurance company.

\* The Spouse who was married to the Participant on the Retirement Date or Withdrawal Date.

**MOTION PICTURE INDUSTRY INDIVIDUAL ACCOUNT PLAN (IAP) SPECIAL ACCOUNT (LOCAL 52/LOCAL 161)**

**Annuity Purchase Option under the lAP:**

The Plan Office will purchase an annuity for you from an insurance company using your account balance. You will receive a monthly benefit from a insurance company.

1. **Life Annuity:**

The monthly Life Annuity Benefit ceases upon the death of a Participant. No monthly benefits are paid to any survivor.

1. **Joint & 50% Survivor:**

This is the automatic form for married Participants unless the Participant and the Spouse\* elect another form. This monthly benefit is an amount which is actuarially reduced from the amount of the Benefit in item "1" above. After a Participant's death, if the Participant's Spouse is still alive, the Benefits will continue to the Spouse for his/her lifetime. The surviving Spouse will receive 50% of the amount paid to the Participant. If the Spouse dies and the Participant is still alive, the benefit amount will not change and will be paid to the Participant for his/her lifetime.

1. **Joint and 75% Survivor Annuity**

This monthly benefit is an amount that is actuarially reduced from the amount of the benefit in (1). After a Participant's death, if the Participant's spouse named above is still alive, such benefits continue to such spouse as long as such surviving spouse lives. The surviving spouse will receive 75% of the amount paid to the Participant. If the spouse named above dies, and the Participant is still alive, the benefit will not change and will be paid for the Participant's life.

1. **Single Lump-Sum Payment:**

If the lAP balance is $5,000 or less, the benefit is paid to the Participant in a single lump sum. No further benefits will be paid. If the lAP balance is more than $5,000, you may choose one of the above option, which pays you a monthly benefit. The lump sum payment is subject to a mandatory 20% Federal Tax Withholding unless a direct rollover to an IRA or other employer plan is made. See Special Tax Notice Regarding Plan Payments for details.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PARTICIPANT:** | {stdMbrFullNameInProperCase} | | **BIRTH DATE:** | {stdMbrDateOfBirth} | |
| **SPOUSE:** | {stdMbrSpouseFullName} | | **BIRTH DATE:** | {stdSpouseDateOfBirth} | |
| **TYPE:** | | {istrBenType} | **RETIREMENT DATE:** | | {dtWdrwl} |

**BENEFIT ELECTION**

|  |  |  |
| --- | --- | --- |
| **Initial One** | **Benefit Option** | **Payment Amount\*** |
|  | 1. **Life Annuity** (Default option for unmarried Participants) | **{PartIAPLifeAnnuity}** |
|  | 1. **Qualified Joint and 50% Survivor Annuity** (Default option for married Participants) | **{PartIAPJS50}** |
| *Spouse’s Benefit at Participant’s Death* | *{SpouseIAPJS50}* |
|  | 1. **Joint and 75% Survivor Annuity** | **{PartIAPJS75}** |
| *Spouse’s Benefit at Participant’s Death* | *{SpousetIAPJS75}* |
|  | 1. **Joint and 100% Survivor Annuity** | **{PartIAPJS100}** |
| *Spouse’s Benefit at Participant’s Death* | *{SpouseIAPJS100}* |
|  | 1. **Ten-Years-Certain and Life Annuity** | **{PartTenYr}** |
|  | 1. **Lump-Sum Payment** | **{PartIAPLumpSum}** |

**SEE REVERSE FOR BENEFIT PAYMENT OPTION DESCRIPTIONS**

**\* All amounts are an estimate based on current balances and marital status, and subject to verification before payment.** Benefit amounts will not be listed under the Joint and Survivor Annuity options if you are unmarried. The beneficiary for a Joint and Survivor Annuity must be the spouse to whom you are married at the time of retirement regardless of divorce or remarriage during retirement. The beneficiary for a Ten-Years-Certain and Life Annuity must be your spouse and/or children.

**BENEFICIARY DESIGNATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | | Relationship  Spouse Child |
| Social Security Number | Birth Date (MM/DD/YYYY) | Beneficiary Type  Primary Contingent %: | |
| Mailing Address | | | |

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| --- | --- | --- | --- |
| Name | | | Relationship  Spouse Child |
| Social Security Number | Birth Date (MM/DD/YYYY) | Beneficiary Type  Primary Contingent %: | |
| Mailing Address | | | |

**PARTICIPANT’S CONSENT**

I understand that I may only revoke this benefit election during the 30-day period immediately preceding my withdrawal date. I understand that, upon withdrawal, this benefit election is irrevocable. I certify that all of the foregoing information is true and correct.

Participant’s Signature Date

**SPOUSE’S CONSENT**

I acknowledge that if my spouse elects to receive benefits other than a Qualified Joint and 50% Survivor Annuity from the IAP, my signature below waives such Joint and Survivor Annuity. This consent is voluntarily given and no undue influence or coercion has been exercised in connection with my decision to give this consent.

Spouse’s Signature **(Must be Witnessed Below)** 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**

**BENEFIT OPTION DESCRIPTIONS**

In general, unless a lump sum benefit is selected, the type of benefit payment will automatically be a monthly annuity benefit. If your balance is over $5,000, you may elect to receive the balance in a lump sum payment or a monthly annuity purchased from an insurance company.

1. **Life Annuity**

This option provides a monthly lifetime benefit payment to the Participant only. No benefit will be paid to any survivor. This is the only option available to unmarried participants with no children.

1. **Qualified Joint and 50% Survivor Annuity**

The Employee Retirement Income Security Act of 1974 (ERISA) requires a married Participant to retire with a Qualified Joint & 50% Survivor Annuity unless the Participant elects another available option with their spouse’s written consent. Under this option, you will receive a reduced monthly benefit (based on your age and your spouse’s age) throughout your lifetime. If you predecease your spouse, a lifetime monthly benefit will continue to be paid to your surviving spouse at an amount equal to one-half of the monthly benefit received while you were living. Regardless of divorce or remarriage during retirement, the Joint & 50% Survivor Annuity must be paid to the spouse you were married to on your retirement date.If your spouse predeceases you after your retirement date, the Joint & 50% Survivor Annuity will continue for your lifetime at the same reduced monthly amount; no benefit will be paid to any survivor, including a new spouse if you remarry after retirement.

1. **Joint and 75% Survivor Annuity**

This option is similar to the Qualified Joint & 50% Survivor Annuity except that there is less of a reduction in benefit to your surviving spouse in the event of your death. In the event of your death, a lifetime monthly benefit will continue to be paid to your surviving spouse at an amount equal to 75% of the monthly benefit received while you were living. The monthly benefit payment during your lifetime is lower than that received through the Qualified Joint & 50% Survivor Annuity.

1. **Joint and 100% Survivor Annuity**

This option is similar to the Qualified Joint & 75% Survivor Annuity Benefit except that there is no reduction in benefit to your surviving spouse in the event of your death. The monthly benefit payment during your lifetime is lower than that received through the Qualified Joint & 75% Survivor Benefit.

1. **Ten-Years-Certain and Life Annuity**

This option provides you with a monthly lifetime Pension benefit. In the event of your death within 10 years of your retirement date, your beneficiary will receive the same monthly benefit amount for the remainder of the 10-year period. Following this 10-year period, the benefit payments to your beneficiary will permanently cease. If you die after the 10-year period following your retirement date, no benefit will be provided to your beneficiary. If you retire under this option and are re-employed, the 10-year period shall not be increased by the re-employment period.

1. **Lump-Sum Payment**

If your balance is $5,000 or less, your benefit will be automatically paid in a single lump sum. If your balance is over $5,000, you may elect, with spousal consent, to take the entire value of the benefit in a single lump sum. If you elect a lump sum and your balance is equal to or greater than $200, it is subject to a mandatory 20% Federal tax withholding, unless you roll it over into an IRA or other qualified plan.

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| ***Pursuant to the provision of the Motion Picture Industry Pension and Individual Account Plans (the ''Plans''), the Plans are authorized to distribute the funds in accordance with the Option I have selected below. I understand that the distribution process may be delayed or cancelled if this form along with the application is not received by the Plan Office within 60 days from your application date.*** | | |
| **RECIPIENT’S NAME** | **MPID** | **DISTRIBUTION AMOUNT** |
| {stdMbrFullNameInProperCase} | {stdMbrParticipantMPID} | *{PartLumpSumBenAmt} (through* *{LumpSumYear})* |

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| **Distribution Type:** | ***{DistributionType}*** |
| Please refer to the Information about the tax treatment of distributions in the accompanying Special 402(f) Tax Notice Regarding Plan Payments. The Plans strongly recommends you discuss the distribution options below with a tax professional. | |
| **Check only one option under Section A.**  **If applicable, page 2 must be completed by the custodian of your IRA or other qualified plan.** | |
| If you do not elect to rollover all or a portion of your distribution directly to an IRA or other qualified plan, the Plans will automatically withhold 20% in federal income taxes from that distribution. | |

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| **SECTION A: Distribution Type Election** (select only one) |
| **Option 1:** Please issue a check for the balance payable to me. I do not elect a direct rollover of my distribution. I understand that mandatory 20% federal income tax and 2% California State income tax (if elected) will be withheld. |
| *{x if IsRETR = 1} To qualify for the options below, the taxable portion of the payment must be $750 or more.*  *{else} To qualify for the options below, the taxable portion of the payment must be $200 or more.*  *{x endif}*  {x if PlanId = 0} {else} Employee Contributions and Unclaimed Vacation & Holiday Pay (UV&HP) are non-taxable. Interest on these items is taxable. {x |
| {x if IsRETR = 0} {endif}  **Option 2:** I elect to rollover the entire distribution into my IRA or qualified plan.  **Option 3:** I elect to rollover a portion of my distribution directly into my IRA or qualified plan. The amount I would like to rollover is indicated in the Rollover Amount box on the top of page 2. I understand that a separate check will be issued for the balance of the taxable portion, less applicable federal and state income tax withholding, plus the entire non-taxable portion, if any.  **My Trustee/Custodian and I must complete page 2** |

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| **SECTION B: Tax Resident Status** |
| My citizenship status is *(required for tax purposes)*: U.S. Citizen or Resident Alien Non-Resident Alien\*  *\* IRS Form W-8 is required for non-resident alien claiming tax treaty benefits.* |

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| **SECTION C: State Income Tax Withholding Election** (for California residents only) |
| I understand that unless I select the box below, 2% California State income tax will be withheld from any portion of my distribution that is not rolled over to a qualified plan. I understand that my actual federal or state income tax liability may exceed the amount withheld by the Plans from the distribution to me. I understand that I may be subject to tax penalties under the estimated tax payment rules if my estimated tax payments and withholding are inadequate. |
| Do NOT withhold California state tax *(I understand this choice does not relieve me of any tax liability)* |

**RECIPIENT’S CONSENT**

My signature on this document indicates that I authorize the Plans to distribute the funds in accordance with the option I selected above and that I have reviewed the Plans’ *Summary Plan Description* terms and conditions as well as the Special Tax Notice 402(f) Regarding Plan Payments.

If I elect Options 2 or 3, I authorize the IRA or employer plan identified on page 2 to accept a rollover on my behalf. I understand that my check will be processed based on the information herein. I will notify the Plans if there are any changes to this information.

Recipient’s Signature Date

**PAGE 2: ROLLOVER ACCOUNT INFORMATION AND AUTHORIZATION**

To be completed only if choosing Option 2 or Option 3

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| **RECIPIENT’S NAME** | **MPID** | **ROLLOVER AMOUNT** |
| {stdMbrFullNameInProperCase} | {stdMbrParticipantMPID} |  |

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| **Distribution Type:** | ***{DistributionType}*** |
| Must be completed by the custodian of your IRA or qualified plan | |

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| **SECTION D: Rollover Account** | | | |
| **Type of IRA or Plan:**  IRA – Sec 408(a) Roth IRA – Sec 408(a)  Annuity – Sec 408 (b) Annuity – Sec 403(a) Annuity – Sec 403(b)  Qualified Trust/Plan – Sec 401(a) Government Deferred Compensation Plan – Sec 457(b) | | | |
| **MAKE CHECK PAYABLE TO:** | (Trustee/Custodian of IRA/Qualified Plan) | | |
|  | | |
| **Account Number** (Please DO NOT use Social Security Number) | | | |
|  | | | |
| **PAYMENT HANDLING INSTRUCTIONS** | | | |
| **Check will be mailed to:** | | | |
| **IRA or Plan Contact Name** (Required if Account Number field is not completed) | | | |
|  | | | |
| **Address** | | | |
|  | | | |
|  | |  |  |
| **City** | | **State** | **Zip** |
|  | |  |  |
| I declare that the IRA or employer plan identified above will accept a rollover on behalf of the recipient hereof. I declare that I am authorized to act on behalf of the financial institution, the IRA or employer plan identified above. | | | |
| Trustee/Custodian’s Signature Date | | | |
| **Trustee/Custodian’s Name** | | **Title** | |
|  | |  | |
| **Email** | | **Phone** | |
|  | |  | |