October 24, 2023

{stdMbrFullName}

{x stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{x if stdIsUSA = 1}

{x stdDomesticStateInternationalCountry}

{x else}

{x stdDomesticStateInternationalCountry}

{x stdMbrAdrCountryDesc}

{x endif}

**Re: Refund of Non-Vested Employee Contributions and/or Unclaimed Vacation & Holiday Pay Plus Interest**

Dear {stdMbrFullNameInProperCase}:

This is in response to your recent request for a refund of your Employee Contributions and/or Unclaimed Vacation and Holiday Pay (“UV&HP”) plus interest from the Motion Picture Industry Pension Plan (“Pension Plan”) and the Motion Picture Industry Individual Account Plan (“IAP”) (collectively “the Plans”).

{x if strEE = Y}

Our records indicate that you have {EEAmount} of Employee Contributions plus accrued interest of {TotIntsAmount}, totaling {TotEEUVHPnInt} in the Pension Plan. If your taxable balance is equal to or greater than $200, it is subject to a mandatory 20% federal tax withholding, unless you roll it over into a qualified IRA. You must complete the Lump Sum Distribution Election form to process your payment as a rollover.

{x endif}

{x if strUVHP = Y}

Our records indicate that you have {UVHPAmount} of UV&HP plus accrued interest of {TotIntsAmount}, totaling {TotEEUVHPnInt} in the Pension Plan. {if TotIntAmt >= 200.00} If your taxable balance is equal to or greater than $200, it is subject to a mandatory 20% federal tax withholding, unless you roll it over into a qualified IRA. You must complete the Lump Sum Distribution Election form to process your payment as a rollover.

{endif}

{x endif}

{x if strBoth = Y}

Our records indicate that you have {EEAmount} of Employee Contributions and {UVHPAmount} of UV&HP plus accrued interest of {TotIntsAmount}, totaling {TotEEUVHPnInt} in the Pension Plan. {if TotIntAmt >= 200.00} If your taxable balance is equal to or greater than $200, it is subject to a mandatory 20% federal tax withholding, unless you roll it over into a qualified IRA. You must complete the Lump Sum Distribution Election form to process your payment as a rollover.

{endif}

{x endif}

**Documents Required**

* Proof of age: You must submit legal evidence of your date of birth prior to the receipt of any benefit payments. You may provide a clear photocopy of your birth certificate, passport, Real ID, military discharge papers, residency card or naturalization certificate.
* Verification of Tax ID for yourself and your beneficiary(ies): You must submit proof of a Social Security Number (SSN) or Tax ID Number (TIN) for yourself and each beneficiary. You may provide a clear photocopy of a Social Security card or a completed Form W-9.

If you are currently a Break in Service\* Participant, you will receive payment within 60 days after the Plans receive the completed forms. If you are not a Break in Service Participant who is leaving the Motion Picture Industry (the ”Industry”), you must not be employed within the Industry at any time during the three months following receipt of your forms. Provided this condition is met, you will receive payment within 60 days after the three-month period is over.

***Please refer to the enclosed IRS Notice - Special Tax Notice Regarding Plan Payments (Pink) - for more detailed rules regarding your distribution.***

Please note, this request may be canceled if the Plans do not receive the attached form(s) by the prescribed due date as indicated on the Refund Application - Employee Contributions and UV&HP form.

If you have any questions, please contact MPI’s Participant Services Center by email at rsd@mpiphp.org or by telephone at (855) ASK-4MPI between 6 a.m. and 6 p.m. Pacific Time, Monday through Friday.

Sincerely,

{stdLoggedInUserFullName}

Retirement Benefit

**IMPORTANT NOTE: MPI will send you a 1099R Tax form in January following your payment. It is imperative that you inform the Plans of your new mailing address, should it change after your payment is received.**

See your Summary Plan Description for additional information about the Plans. Benefits are subject to final verification, review and adjustment. If applicable, these amounts may be subject to change in accordance with any divorce or Qualified Domestic Relations Order (QDRO), which may or may not be on file. In the event of any inconsistency between any communications and the provisions of the Plans, the provisions of the Plans shall govern.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 Widowed

Participant’s Signature Date

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

**BENEFIT ELECTION**

|  |  |  |
| --- | --- | --- |
| **Initial One** | **Benefit Option** | **Payment Amount\*\*** |
|  | 1. **Life Annuity** (Default option for unmarried Participants) | **{PartLifeAnnuity}** |
|  | 1. **Joint and 50% Survivor Annuity** (Default option for married Participants) | **{PartJS50}** |
| *Participant’s Benefit at Spouse’s Death* | *{PartJS50}* |
| *Spouse’s Benefit at Participant’s Death* | *{SpouseJS50}* |
|  | 1. **Lump-Sum Payment** | **{LumpSumAmount}** |

**\*\* 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.

Subscribed and sworn to (or affirmed) 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**

**BENEFICIARY DESIGNATION**

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 180-day period immediately preceding my benefit commencement date. I understand that, upon my benefit commencement date, this benefit election is irrevocable. I understand that, unless I elect otherwise (with my spouse's consent, if applicable), my benefits will be paid in the form of a Joint and 50% Survivor Annuity (if I am married) or as a Life Annuity (if I am single). 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 50% Joint and Survivor Annuity from the Pension Plan, my signature below waives such 50% 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

\* A Break in Service occurs on the last day of the second consecutive Computation Year in which a Participant fails to accumulate 200 vested hours in each year. A Computation Year begins on the Sunday before the last Thursday of a calendar year and ends on the Saturday before the last Thursday of the subsequent calendar year.

**BENEFIT OPTION DESCRIPTIONS**

1. **Life Annuity**

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

1. **Qualified Joint & 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. **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 more than $5,000, you may only elect this option with spousal consent. Lump sum benefit payments with a taxable balance (interest) equal to or greater than $200, are subject to a mandatory 20% IRS income tax withholding. To avoid tax withholding and penalties, you may elect to have the lump sum paid as a direct rollover to an Individual Retirement Account (IRA), a Roth IRA or another qualified plan.

|  |  |  |
| --- | --- | --- |
| ***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})* |

|  |  |
| --- | --- |
| **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 you choose option 2 or 3, 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. | |

|  |
| --- |
| **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}*  {else} Employee Contributions and Unclaimed Vacation & Holiday Pay (UV&HP) are non-taxable. Interest on these items is taxable. {x |
| **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** |

|  |
| --- |
| **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.* |

|  |
| --- |
| **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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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** | |
|  | |  | |