{CurrentDate}

{stdMbrFullName}

{x stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{x if stdIsUSA = 1}

{x stdDomesticStateInternationalCountry}

{x else}

{x stdDomesticStateInternationalCountry}

{x stdMbrAdrCountryDesc}

{endif}

**Re: IAP Hardship Withdrawal**

Dear {stdMbrFullNameInProperCase}:

Enclosed is the IAP Hardship Withdrawal Application you requested to withdraw funds under the Motion Picture Industry Individual Account Plan (“IAP” or “Plan”) pursuant to the 2020 Coronavirus Aid Relief and Economic Stimulus Act (“CARES Act”).

* The application period is from May 1, 2020 through November 30, 2020. If the Plan does not receive your completed application and supporting documents in good order prior to November 30, 2020, your withdrawal request will be cancelled.
* **This is a one-time special withdrawal under this provision. Duplicate or secondary applications will be denied.**
* You may withdraw any amount of $200 or more; up to 20% of 2018 account balance or $20,000 maximum (whichever is less).
* This is a taxable distribution.
  + The IRS has waived the 10% early withdrawal penalty on this distribution for participants under 59 ½ years of age at the time of distribution.
  + You may pay back any portion of the distribution within three years from the date of distribution. This is not a loan and there is no obligation to pay back any portion. If you choose to pay back any portion, the amount paid back to the Plan will not be subject to taxes.
  + The law allows you to spread the taxes on this distribution over three years. **Please consult with a tax advisor/CPA as the Plan Office does not provide tax advice.**

Proof of identification is required, If your IAP balance is $5,000 or higher and you are married, then proof of identification is required for your spouse along with spousal consent. Spousal consent requires verification of spouse’s signature. “Proof of identification” is an unexpired government-issued document with your picture and a signature.

Payment of your hardship withdrawal is typically processed within 30 days of receipt of this application if all supporting documentation is received in good order.

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

Sincerely,

Retirement Benefits

Enclosures

See your Summary Plan Description for additional information about the Plan. 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructions** | | | |
| * This form is used to withdraw funds early from the Motion Picture Industry Individual Account Plan * (“IAP” or “Plan”) pursuant to the 2020 Coronavirus Aid Relief and Economic Stimulus Act (“CARES Act”). * The application period is from May 1, 2020 through November 30, 2020. | * This is a one-time special withdrawal under this provision. * Duplicate submissions will be denied. * The approved amount threshold is 20% of the 2018 IAP account balance up to a maximum dollar limit of $20,000. * Tax withholding is optional. * The distribution paid under this benefit will be paid in a single lump sum and not as an annuity. * This distribution is not subject to a 10% federal early withdrawal penalty. * This distribution is subject to regular federal income tax, however, those taxes may be paid over three years. If this distribution is repaid within three years, it will not be subject to any federal taxes. | * Proof of identification will be required. * If IAP account balance is $5,000 or higher and Participant is married, then spousal consent is required. Spousal consent requires witness of a spouse’s signature in the presence of a notary public or a Plan representative. * The application will be reviewed by Plan staff and approved for processing within 30 days of receipt of the application and all supporting documentation. * If your account balance is less than your hardship withdrawal request, your withdrawal application may not be processed. | **COMPLETE THIS FORM & RETURN TO:**  **Motion Picture Industry Pension & Health Plans**  P.O. Box 1999, Studio City, CA 91614-0999   * Form ma[y be emailed to service@mpiphp.org](mailto:service@mpiphp.org) or  faxed to (818) 755-6523.   **Questions?** Emai[l service@mpiphp.org](mailto:service@mpiphp.org) or call MPIPHP toll-free at (855) 275-4674 from 6 a.m. to 6 p.m. PST, Monday through Friday. |

### Participant Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PREFIX | LAST NAME  {stdMbrLastName} | SUFFIX | FIRST NAME  {stdMbrFirstName} | MIDDLE NAME | DATE OF BIRTH  {stdMbrDateOfBirth} | GENDER  {istrGender} | SOCIAL SECURITY OR MPI ID NUMBER  {stdMbrParticipantMPID} |
| ADDRESS LINE 1  {stdMbrAdrCorStreet1} | | | EMAIL  {istrMbrEmailID} | | | | PHONE NUMBER  ({istrPhoneAreaCode}){istrPhoneAreaNumber} |
| ADDRESS LINE 2  {stdMbrAdrCorStreet2} | | | CITY  {stdMbrAdrCorCity} | STATE/PROVINCE  {stdMbrAdrCorState} | ZIP/POSTAL CODE  {stdMbrAdrCorZip} | | COUNTRY  {stdMbrAdrCountryDesc} |
| CURRENT MARITAL STATUS (CHECK ONE AND ENTER THE DATES AS APPLICABLE):  **Married**  **Divorced**  **Widowed**  **Single** | | | | DATE OF MARRIAGE | DATE OF DIVORCE | | SPOUSE’S DATE OF DEATH |
| MY CITIZENSHIP STATUS (REQUIRED FOR TAX PURPOSES) IS:  **U.S. Citizen**  **U.S. Resident Alien**  **Other:** | | | | | | | |

### Spouse’s Information Same as Participant address

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PREFIX | LAST NAME | SUFFIX | FIRST NAME | MIDDLE NAME | DATE OF BIRTH | Female  Male | SOCIAL SECURITY |
| ADDRESS LINE 1 | | | EMAIL | | | | PHONE NUMBER  ( ) |
| ADDRESS LINE 2 | | | CITY | STATE/PROVINCE | ZIP/POSTAL CODE | | COUNTRY |

### Required Documentation

**1**

#### Proof of identification document is required to be attached (such as copy of birth certificate, passport, current driver’s license or identification card, U.S. Legal Resident/Naturalization Card).

**For your attached ID, please note:**

Document Type: Document Number: Expiration Date:

**2**

#### If you selected “Married” above, please attach a copy of your spouse’s signature ID which must meet the following requirements:

**it must be government-issued, unexpired, and must contain your spouse’s picture and your spouse’s signature   
(examples include: U.S. or foreign passport, current driver’s license or state-issued identification card, U.S. Permanent Resident Card or U.S. Naturalization Certificate).**

Document Type: Document Number: Expiration Date:

#### If you are a Participant of the Motion Picture Industry Pension Plan because your pension plan merged, please write in your Local Union #:

**3**

**SECTION A: Distribution Election (select only one)**

# 2018 IAP Account Balance (including merged union plans): $ {idec2018IAPBalance}

## PLEASE NOTE, THE OPTION YOU SELECT BELOW IS THE FINAL AMOUNT YOU WILL RECEIVE BY CHECK.

**!**

**OPTION 1:** I elect to receive the maximum available amount. (Limited to 20% of 2018 IAP Vested Account Balance or $20,000, whichever is less): $ **{idecMaxWithdrawalAmount}**

**OPTION 2:** I elect to receive less than the maximum available amount – Specify Amount: $

(Choose this option only if you want to withdraw an amount below the maximum available amount listed in Option 1)

**NOTE:** If this section left blank or an amount listed above displays higher than the maximum amount available, the withdrawal will be processed with the maximum amount available.  
The maximum available amount shown above is based on your IAP account balance as of 2018.

#### Any tax withholding you make in the next section will be deducted from your IAP account, in addition to the amount you choose in Option 1 or Option 2 above.

**SECTION B: Tax Withholding**

**Federal & State Tax Withholding Election:**

**OPTION 1:** 10% Federal Tax Withholding and 1% California State Tax Withholding (Default Election if Left Blank) (California State Tax Withholding is applicable to California residents only)

**OPTION 2:** 20% Federal Tax Withholding and 2% California State Tax Withholding (California State Tax Withholding is applicable to California residents only)

**OPTION 3:** Do not withhold Federal Tax (No state tax will be withheld)

**NOTE:** Tax withholding amounts will be deducted from IAP account in addition to the distribution amount chosen. If you elect tax withholding, the amount of the tax withholding   
will be added to this distribution for purposes of determining your taxable income from this distribution. Tax withholding is optional under the 2020 CARES Act.

**!**

## OPTION 1 IS THE DEFAULT OPTION IF THIS SECTION IS LEFT BLANK.

**California State Tax Withholding Waiver (Optional):**

Do not withhold California Tax (California State Tax Withholding is applicable to California residents only)

**NOTE:** You will be responsible for paying any additional tax assessments by the IRS and your state of residency.

The CARES Act may offer you some temporary or permanent tax relief – please consult with a tax professional.   
If you reside in a state other than California, you will be responsible for any tax withholding or payment at the time of filing your state tax return.

### Participant’s Confirmation + Consent

**!**

**REVIEW EACH STATEMENT BELOW; CHECK OFF TO ACKNOWLEDGE CONFIRMATION:**

**I acknowledge that this is a one-time special withdrawal** and this is my one and only chance to make a request under this provision.   
I understand that if I submit a duplicate application after I submit this one, it will be denied.

#### I acknowledge that one of the following statements apply to me:

I, my spouse, or my dependent is **diagnosed** with the virus SARS–CoV–2 or with coronavirus disease 2019 (COVID–19) by a test approved by the   
Centers for Disease Control and Prevention, or

**1**

I am experiencing **adverse financial consequences** as a result of being quarantined, being furloughed or laid off or having work hours reduced due to such   
virus or disease, being unable to work due to lack of child care due to such virus or disease, closing or reducing hours of a business owned or operated by   
the individual due to such virus or disease.

**2**

**SOCIAL SECURITY NUMBER: – –**

* Under penalties of perjury, I certify that: The number entered above is my correct taxpayer identification number and I am not subject to backup withholding because:  
  (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to a backup withholding; and I am a U. S. citizen or other person (defined on Form W-9).
* My signature on this document indicates that I authorize the Plan to distribute the funds in accordance with the option I selected above. I certify that all of the foregoing information is true and correct. I certify that I have read, understand and agree with the information provided in the instructions to this form. I certify that my hardship distribution will not exceed the amount needed to satisfy my financial need. I understand there is a payback option available which will allow me to pay the distributed amount back into my IAP account if paid back within three years from the date of distribution.
* I understand that the distribution paid under this benefit will be paid in a single lump sum and not as an annuity.
* Under Internal Revenue Service guidance related to providing Social Security numbers, the Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

|  |  |
| --- | --- |
| PARTICIPANT’S SIGNATURE | DATE |

|  |  |
| --- | --- |
| **Spouse’s Consent** | |
| * I acknowledge that my spouse elects to receive benefits other than a Qualified Joint and 50% Survivor Annuity from the IAP and the 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. I understand that the distribution paid under this benefit will be paid in a single lump sum and not as an annuity. | |
| SPOUSE’S SIGNATURE **(MUST BE WITNESSED)** | DATE |

**!**

## SPOUSE’S SIGNATURE MUST OCCUR IN THE PRESENCE OF A NOTARY PUBLIC OR A PLAN REPRESENTATIVE. THE DATE OF THE SPOUSE’S CONSENT MUST BE THE SAME DATE THAT APPEARS WITH THE PARTICIPANT’S SIGNATURE.

**Acknowledgement**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, before me,

(INSERT DATE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personally appeared

(INSERT NAME AND TITLE OF NOTARY OFFICER)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the

(INSERT SPOUSE’S NAME)

person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in

his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of

which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Notary Public Seal)

NOTARY PUBLIC SIGNATURE