{istrCurrentDate}

{stdMbrFullName}

{x stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{x if stdIsUSA = 1}

{x stdDomesticStateInternationalCountry}

{x else}

{x stdDomesticStateInternationalCountry}

{x stdMbrAdrCountryDesc}

{endif}

#### Re: 2025 Motion Picture Industry IAP Hardship Withdrawal

Dear {stdMbrFullNameInProperCase}:

Enclosed is the 2025 Motion Picture Industry IAP Hardship Withdrawal Application you requested to withdraw a portion of your balance under the Motion Picture Industry Individual Account Plan (“IAP”).

**Spousal Consent:** If your 2023 IAP account balance (less any subsequent IAP hardship withdrawals) is over $5,000, and you are married, your spouse must consent to the withdrawal by signing on the form. The spouse’s signature must be witnessed by a **Notary Public** or a **Plan Representative**.

Please do not sign without such a witness present. A Plan Representative is available to witness the spousal consent.

**In person** at the Studio City office: Monday through Thursday, 1:30 pm - 3:30 pm Pacific Time. The visitor parking lot is located next to MPI’s office building (to the east of MPI’s office building) on Ventura Boulevard.

**Virtually via Zoom**: Monday through Thursday only, 8:15 a.m. – 10:15 a.m. Pacific Time.

Zoom Meeting Link: https://mpiphp.zoom.us/j/81966277335

Meeting ID: 819 6627 7335

**Approved Payments:** Once approved, the hardship withdrawal benefit payment is processed via electronic bank deposit or check and sent within 30 days after receipt of your withdrawal form and all required documents in good order. You will also receive a confirmation letter by mail.

**Application Deadline:**

**The final deadline for submitting your application is July 5, 2025.   
Applications received after this deadline will be denied.**

**Taxes and Payback:** As noted in the instructions section of the form, 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. Please consult with your tax advisor before submitting your application.

If you have any questions, please contact MPI’s Participant Services Center by email at [iaphardship@mpiphp.org](mailto:iaphardship@mpiphp.org) or by telephone at (855) ASK-4MPI between 8 a.m. and 4:30 p.m. Pacific Time, Monday through Friday.

Sincerely,

{stdLoggedInUserFullName}

Retirement Benefits

Enclosures

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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructions** | | | |
| * This form is used for the early withdraw of funds from the Motion Picture Industry Individual Account Plan (“IAP” or “Plans”) retirement account due to personal financial hardship as a result of the wildfires in Los Angeles County. * The application period is   from February 3, 2025 through  July 5, 2025.   * This is a one-time withdrawal option. * Duplicate submissions will be denied. * The maximum withdrawal is 20% of the 2023 IAP account balance (less any subsequent IAP hardship withdrawals) not to exceed a maximum dollar limit of $22,000. | * 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. * This distribution is subject to regular federal income tax and any state tax in your state of residence. However, any tax withholding is optional. Please consult with your tax advisor. | * Proof of identification will be required. * The application will be reviewed by Plan staff and approved for processing within 30 days of receipt of the application and all supporting documentation. * The hardship withdrawal is available to participants with a minimum 2023 IAP account balance (less any subsequent IAP hardship withdrawals) of $1,000. * 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 may be emailed to [service@mpiphp.org](mailto:service@mpiphp.org) or faxed to (818) 755-6523.   **Questions?** Send us a secure email by using the Contact Us button on [www.mpiphp.org](http://www.mpiphp.org/) or call MPIPHP toll-free at (855) 275-4674 from 8 a.m. to 4:30 p.m. PST, Monday through Friday. |



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| **Important Note for Married Participants** | | | |
| * Spousal consent for **account balances** of $5,000 or more must be witnessed either by a notary public or a Plan representative. * **Please do not have your spouse sign the Spousal Consent form without a witness present.** | * Plan Representatives are available to witness a spousal consent in person at the Studio City office as follows: * **Office Location:**   Motion Picture Industry  Pension & Health Plans  11365 Ventura Boulevard  Studio City, California, 91604  Note:  The visitor parking lot is located next to next to MPI’s office building (to the east of MPI’s office building) on Ventura Boulevard. | * **Timing for Spousal Consent Services:**   Monday through Thursday, 1:30 pm - 3:30 pm Pacific Time.   * **Zoom Meeting Option:**   If you are unable to obtain a notary or do not live local to MPI, you may attend a Zoom Spousal Consent meeting by entering the following meeting #. Spousal Consent services are available Monday through Thursday only, 8:15 a.m. – 10:15 a.m. Pacific Time. Zoom Meeting Link:  <https://mpiphp.zoom.us/j/81966277335>  Meeting ID: 819 6627 7335 | * **Online Submission:**   You may submit a scanned copy of your signed and notarized spousal consent form by visiting [www.mpiphp.org,](http://www.mpiphp.org/) use the Contact Us tab and choose “2025 IAP Hardship Withdrawal Spousal Consent” under “Inquiry Type” (requires login). |

**Participant Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PREFIX | LAST NAME  {stdMbrLastName} | SUFFIX | FIRST NAME  {stdMbrFirstName} | MIDDLE NAME  {stdMbrMidInitial} | DATE OF BIRTH  {stdMbrDOB} | SOCIAL SECURITY OR MPI ID NUMBER  {stdMbrMPID} |
| ADDRESS LINE 1  {stdMbrAdrCorStreet1} | | | EMAIL  {stdMbrEmail1} | | | PHONE NUMBER  ( ) |
| ADDRESS LINE 2  {stdMbrAdrCorStreet2} | | | CITY  {stdMbrAdrCorCity} | STATE/PROVINCE  {stdMbrAdrCorState} | ZIP/POSTAL CODE  {stdMbrAdrCorZip} | COUNTRY |
| 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:**

**Required Documentation**

###### Proof of identification document is attached (such as birth certificate, passport, current driver’s license or identification card, U.S. Legal Resident/ Naturalization Card). For your attached ID, please note:

**1**

Document Type: Document Number: Expiration Date:

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

**2**

**it must be government-issued, unexpired, and 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)**

### 2023 IAP Account Balance, less any subsequent IAP hardship withdrawals (including merged union plans): $ {TotalIAPBalance}

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

**OPTION 1:** I elect to receive the maximum available amount. (Limited to 20% of 2023 IAP Vested Account Balance, less any subsequent IAP hardship withdrawals, not to exceed a maximum dollar limit of $22,000): $

**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 is 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 2023 IAP account balance (less any subsequent IAP hardship withdrawals). **Any tax withholding you make in the next section will be deducted from the amount you choose in Option 1 or Option 2 above.**

**SECTION B: Tax Withholding & Payment Instructions**

### Federal & State Tax Withholding Election:

**NOTE:** Options 1 and 2 have built-in California state withholding percentages. However, if you wish to withhold only Federal Tax Withholding and not withhold California state taxes, please check the “California State Tax Withholding Waiver” box below.

**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

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

**NOTE:** Tax withholding amounts will be deducted the distribution amount chosen. Tax withholding is optional.

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

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

Do not withhold California Tax

**NOTE:** You will be responsible for paying any additional tax assessments by the IRS

### Select Payment Method:

###### Electronic bank deposit (RECOMMENDED)

(If selecting this option, please complete the “Individual Account Plan Direct Deposit Authorization Form”)

**Paper check**

**Hardship Attestation**

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

**I acknowledge that this is a one-time hardship 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 the following statement applies to me:

My home address on file with the Plan is in Los Angeles County as of January 1, 2025 and I am suffering economic loss as a result of the wildfires in Los Angeles County.

**Participant’s Consent**

|  |  |  |
| --- | --- | --- |
| **Total Amount Deducted from your IAP Account** | **$** | **SOCIAL SECURITY NUMBER: – –**   * Under penalties of perjury, I certify that: The number entered above is my correct taxpayer identification number and I am not subject to backup withholding because:   (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to a backup withholding; and I am a U. S. citizen or other person (defined on Form W-9).   * The amounts listed in the grid to the left are estimates of the withdrawal amount you will receive. The final amount will be confirmed in the confirmation letter you receive by mail. |
| **Federal Tax Withholding** | **$** |
| **State Tax Withholding (California)** | **$** |
| **Amount of Hardship Payment** | **$** |

* 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 elect 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.

SIGN AND D A TE HERE

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

|  |
| --- |
| **Spouse’s Consent - MUST BE WITNESSED!** |
| * 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 | DATE |

##### SPOUSE’S SIGNATURE MUST OCCUR IN THE PRESENCE OF A NOTARY PUBLIC OR A PLAN REPRESENTATIVE.

SIGN AND D A TE HERE

**THE DATE OF THE SPOUSE’S CONSENT MUST BE THE SAME DATE THAT APPEARS WITH THE NOTARY PUBLIC’S OR PLAN REPRESENTATIVE’S SIGNATURE.**

**Acknowledgment**

##### 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, , personally appeared ,

(INSERT DATE)

(INSERT NAME AND TITLE OF NOTARY OFFICER)

(INSERT SPOUSE’S NAME)

who proved to me on the basis of satisfactory evidence to be the 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 SIGNATURE

(Notary Public Seal)

# PENSION + INDIVIDUAL ACCOUNT PLANS

## Individual Account Plan Direct Deposit Authorization Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructions** | | | |
| * This form is used to have your Individual Account Plan (IAP) withdrawal benefits deposited directly into your checking or savings account. * Information submitted by you to the Plan Office will be used to update records at the Motion Picture Industry Pension and Individual Account Plans. | * If for any reason the bank rejects your direct deposit, you will be notified at your current address of record. * Please include a voided check that shows your bank’s routing/transit and account numbers. | * Your bank must have a U.S. routing number. * Your payment **cannot** be electronically deposited into a Trust Account. | **COMPLETE THIS FORM & RETURN TO:**  **Motion Picture Industry Pension & Health Plans**  P.O. Box 1999, Studio City, CA 91614-0999   * Form may be emailed to [service@mpiphp.org](mailto:service@mpiphp.org) or faxed to (818) 755-6523. * **Questions?** Send us a secure email by using the Contact Us button on [www.mpiphp.org](http://www.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  {stdMbrMidInitial} | MOBILE PHONE NUMBER  ( ) | SOCIAL SECURITY OR MPI ID NUMBER  {stdMbrMPID} |

**Deposit Recipient/Participant Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PREFIX | LAST NAME | SUFFIX | FIRST NAME | MIDDLE NAME | DATE OF BIRTH | FEMALE MALE | SOCIAL SECURITY NUMBER |
| ADDRESS LINE 1 | | | EMAIL | | MOBILE PHONE NUMBER  ( ) | | HOME / ALTERNATE PHONE NUMBER  ( ) |
| ADDRESS LINE 2 | | | CITY | STATE/PROVINCE | ZIP/POSTAL CODE | | COUNTRY |
| BANK NAME | | | ACCOUNT NUMBER | | ROUTING NUMBER | | BANK PHONE NUMBER  ( ) |
| ACCOUNT TYPE:  **Checking Savings** | | | |  |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Authorization Agreement** | | | | | | |
| * I hereby authorize the Motion Picture Industry Individual Account Plan (“IAP”) to make direct deposits to my account at the bank I have indicated on this form. I understand that a written authorization will be required to make any changes or to stop any direct deposit. | | | | | | |
| PARTICIPANT’S SIGNATURE |  | RECIPIENT’S SIGNATURE (IF DIFFERENT FROM PARTICIPANT) |  |  |  | DATE |

FORM 371 - REV 08-09-23