

## COMPLETE INSTRUCTIONS

Please read and follow these instructions carefully in order to complete the SAG-Producers Pension Application Form and to identify the additional documentation you must submit. To begin the application process you must complete, sign, and date the following form and submit along with additional required documents to [PensionHelp@sagaftaplans.org](mailto:PensionHelp@sagaftaplans.org) or mail to:

### SAG-Producers Pension Plan

P.O. Box 7830  
Burbank, CA 91510-7830

When completing this form, print legibly on a hard copy or enter information directly in the PDF before printing and signing. Please note that because this is an application for pension benefits, **we cannot accept electronic signatures**. Please sign with your legal name as it appears on your **Federal Tax Return**. All sections must be completed fully and accurately, and all required documents must be provided for your Application Forms to be processed by the SAG-Producers Pension Plan. Your application does require a notarized signature from yourself and your spouse, if married. If you have any questions concerning the completion of this form or the documentation you must submit, contact the Pension Department at (800) 777-4013 or email [PensionHelp@sagaftaplans.org](mailto:PensionHelp@sagaftaplans.org).

### Please submit the following documentation:

- Required for all applicants
  - Completed Application
  - IRS Form W-4P ([sagaftaplans.org/PensionForms](http://sagaftaplans.org/PensionForms)) – If incomplete or no election is made, your federal tax withholding will be defaulted to the highest withholding amount, Single with 0 Allowances.
  - California State DE4P ([sagaftaplans.org/PensionForms](http://sagaftaplans.org/PensionForms)) – The Plan can only withhold for the state of California; please consult with a tax advisor on how you may pay for estimated taxes due. If no DE4P form is completed and you reside in California, your state tax withholding will be defaulted to No Withholding.
  - Proof of Age – most commonly a copy of a Passport, Real ID, or *Certified* Birth Certificate (Please go to [sagaftaplans.org/PensionForms](http://sagaftaplans.org/PensionForms) for other options if none of these are available.)
- Required for set up of Direct Deposit (Recommended)
  - Proof of Account – Voided check showing applicant's name, bank statement showing full account number, or a signed letter from your bank (on bank letterhead) with your account type (checking or savings), routing number and full account number. If you elect to have your benefit deposited into a Trust Account, the Plan requires a copy of the Trust Agreement.
- May be required
  - If you elect a Joint & Survivor Annuity option – Proof of age for spouse/contingent annuitant
  - If you are married – Court recorded marriage certificate
  - If you are divorced – Divorce decree and marital settlement agreement, if applicable
  - If you have a Qualified Domestic Relations Order (QDRO) – A copy of the order if it has not been previously submitted
  - If you elect a rollover of your Partial Lump Sum – Rollover Instructions from rollover institution
  - If you performed SAG-covered work prior to 1960 – Records of employment that have not been previously sent to the Plan
  - If you have a defined benefit pension plan established through a loan-out company maintained by a producer, you will need to provide the name and contact information of the plan.

## PENSION APPLICATION FORM

**Application For:** (Please check one):

- Normal Retirement Benefit - age 65
- Early Retirement Benefit – between age 55 and 64 (please initial acknowledgement below)

### Early Retiree Acknowledgement of Return-to-Work restrictions

\_\_\_\_\_(initials) I understand that before age 65, my pension will be suspended if my employment is covered by the Plan and my sessional earnings in a calendar month are equal to or exceed seven days multiplied by the minimum day-player rate under the TV and Theatrical Agreement, rounded up to the next \$100.

**Date You Want Benefit Payments to Begin** (Annuity Start Date) MM/YYYY \_\_\_\_\_

*The Annuity Start Date is the first day of either the month following your 65<sup>th</sup> birthday (55 for early retirees) or the month following receipt of your completed application, whichever is later.*

### SECTION I: PERSONAL INFORMATION

Social Security No. \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

*\*To apply for pension benefits from the SAG-Producers Pension Plan, you must submit proof of age with this Pension Application Form.*

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

No. and Street Name \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

**Qualified Domestic Relations Order (QDRO)** (Please check one):

Do you have a Qualified Domestic Relations Order or similar court order requiring the payment of a portion of your benefits to a former spouse (or other party)?

Yes - *If you answered yes and have not previously submitted a copy of the court order, please send it in with this application.*

No

**Marital Status** (Please check one):

Married — *Please attach complete copies of your recorded marriage certificate and your spouse's proof of age to this Application.*

#### **Spouse's Information (if you checked 'Married')**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Single

Divorced From My Spouse — *Please provide a copy of your recorded Judgement of Dissolution of Marriage.*

**SECTION II: FORM OF BENEFIT PAYMENT ELECTION**

See *Forms of Pension Payment* for details about the payment options and your entitlement to select the various payment options: [sagafraplans.org/PensionForms](http://sagafraplans.org/PensionForms). \*Please note the 50% Joint & Survivor Annuity is for married spouses only.

| No.        | Form of Payment Option           | No.       | Form of Payment Option                           |
|------------|----------------------------------|-----------|--|
| <b>1A</b>  | Five Year Certain & Life Annuity | <b>2A</b> | Ten Year Certain & Life Annuity                  |
| <b>3A*</b> | 50% Joint & Survivor Annuity     | <b>3B</b> | 50% Joint & Survivor Annuity with Pop-Up Option  |
| <b>4A</b>  | 75% Joint & Survivor Annuity     | <b>4B</b> | 75% Joint & Survivor Annuity with Pop-Up Option  |
| <b>5A</b>  | 100% Joint & Survivor Annuity    | <b>5B</b> | 100% Joint & Survivor Annuity with Pop-Up Option |

**I have been provided with the descriptions of the options listed above and I elect # \_\_\_\_\_.**

**Partial Lump Sum Option** See *Partial Lump Sum Option* for more information: [sagafraplans.org/PensionForms](http://sagafraplans.org/PensionForms)

I decline.  I elect to receive a partial lump sum paid to myself with the mandatory 20% federal tax deduction.  
 I elect to rollover \_\_\_\_\_% of the partial lump sum into my  Traditional IRA  Other Qualified Account. I understand that if I elect a percentage less than 100% that I will receive a check payable to myself less the 20% mandatory federal tax withholding to my address on record. **I will also provide rollover instructions** from the financial institution which will include how the check should be made payable, account number and the address to mail the rollover check to.

**SECTION III: CONTINGENT ANNUITANT DESIGNATION**

*Please complete this section only if you elected 50/75/100% Joint & Survivor option, otherwise proceed to the next section. Please note that once you begin receiving benefits, your co-annuitant cannot be changed. \*Proof of Age documentation is required for any Contingent Annuitant. Please visit [sagafraplans.org/PensionForms](http://sagafraplans.org/PensionForms) for questions on what a contingent annuitant is.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth\* (MM/DD/YYYY) \_\_\_\_\_  
Address \_\_\_\_\_  
Relation \_\_\_\_\_ Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

**SECTION IV: 5- or 10-YEAR CERTAIN BENEFICIARY DESIGNATION**

*Please complete this section if you elected the 5- or 10- Year Certain option. You must elect at least one Primary and one Secondary Beneficiary. "Share of Benefit" percentage must equate to 100% for each beneficiary type. Secondary Beneficiary/Beneficiaries will not receive payment unless the Primary Beneficiary/Beneficiaries is/are deceased.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relation \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share of Benefit \_\_\_\_\_ %  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Primary or  Secondary Beneficiary  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share of Benefit \_\_\_\_\_ %  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

*If you have additional beneficiaries, please list them on an additional sheet.*

## SECTION V: PAYMENT INSTRUCTIONS

*Select how you would like to receive your monthly pension benefit. If you do not wish to receive a paper check and do not have a domestic checking or savings account, please contact the Plan for the Debit Card Option.*

I elect to receive my monthly pension via Direct Deposit to the below listed account. **I will also provide a voided check or bank statement which includes my full account number.** In electing this option, I authorize the SAG-Producers Pension Plan to make direct deposits and, if necessary, correct any such deposits by making adjustments to my account at the financial institution I have indicated on this form. I understand that written authorization will be required to make any changes or to stop the direct deposits. I authorize and instruct said financial institution to refund to the SAG-Producers Pension Plan an amount equal to any payments which, after my death, have been credited to my account and if applicable, to charge my account accordingly.

Financial Institution Name \_\_\_\_\_

Type of Account (Please select one):  Checking  Savings

Nine-Digit Routing Number \_\_\_\_\_ Account No. \_\_\_\_\_

I elect to receive my monthly pension via paper check through the United States Postal Service standard delivery.

## SECTION VI: CERTIFICATION

*Please **initial** each of the following to acknowledge your understanding and adherence.*

\_\_\_\_\_(initial) **Understanding My Pension Options.** This is to certify that the following pension options have been explained to me: the Five Year Certain, the Ten-Year Certain, the 50%, 75% and 100% Joint and Survivor Options, the Pop-Up Option, and the Partial Lump Sum. Additionally, I understand the requirements, provisions, and restrictions of the pension option I elected.

\_\_\_\_\_(initial) **Inability to Change My Pension Option.** I acknowledge that once my application has been processed, I may not change the pension option that I have elected for any reason, including but not limited to a change in my marital status, the crediting of additional earnings or a change in my benefit amount.

\_\_\_\_\_(initial) **Signature of Record I Must Personally Endorse Each Pension Correspondence.** My signature, as it appears below, will be used at all times when endorsing SAG-Producers Pension Plan correspondence.

\_\_\_\_\_(initial) **Rules Governing My Pension Are Subject to Change.** I understand that the rules governing my pension at the time of my retirement are subject to change in the future.

\_\_\_\_\_(initial) **EDD Unemployment Benefits.** I have been informed by the Screen Actors Guild-Producers Pension Plan that my monthly pension could affect my unemployment insurance benefits and that it is my responsibility to contact the agency for details.

\_\_\_\_\_(initial) **Annual Endorsement Letter.** I understand I may receive an annual endorsement letter that I must sign and return to the Plan to continue my pension benefit.

\_\_\_\_\_(initial) **Overpayments.** I understand that if for any reason my payment of benefits under this Plan exceeds the amount of benefits that I should have been paid, the Plan can take all actions that it determines to be necessary and appropriate to recover the overpaid benefits. Such actions may include withholding future benefit payments to offset the amount of the overpaid benefits and/or requiring me to repay the overpaid benefits.

**SECTION VII: NOTARIZATION**

*All applicants must complete this section. If you are married, your spouse must also sign acknowledging your pension benefit election.*

**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 the document.**

**Participant’s Statement:** I am applying for a pension from the Screen-Actors Guild-Producers Pension Plan for Motion Picture Actors. I certify that all statements made in this application are true and correct to the best of my knowledge. I understand that this application will not be considered valid unless it is complete. I further understand that once my application is approved, I cannot change my payment option.

I understand that if I do not elect my spouse as contingent annuitant in a Joint & Survivor form of pension, that means that no benefits will be paid to my spouse by the Plan after my death unless he/she is entitled to benefits as my designated beneficiary.

I swear I am not legally married at this time.       I swear the person co-signing this document is my spouse.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_ before me came (participant’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 California that the foregoing paragraph is true and correct.

Place Notary Seal Here

**Notary Public** \_\_\_\_\_

**Spouse’s statement:** I swear that I am the legal spouse of the participant signing above. I consent to my spouse’s choice of pension benefit option.

I further understand that if my spouse did not designate me as a contingent annuitant in a Joint & Survivor option, I will not be paid a pension from the Plan after my spouse’s passing unless I am entitled to benefits as my spouse’s designated beneficiary. I consent to the beneficiaries designated by my spouse and authorize a future change to the designated beneficiaries without my further consent.

Spouse’s Signature \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_ before me came (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 California that the foregoing paragraph is true and correct.

Place Notary Seal Here

**Notary Public** \_\_\_\_\_