

SAG-PRODUCERS PENSION PLAN

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Acknowledgements, Certifications and Signature of Record Form

1. 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.

2. 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.

3. 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.

4. 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.

5. 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 that agency for details.

6. Annual endorsement letter

I understand I will receive an annual endorsement letter that I must sign and return to the Plan in order to continue my pension benefit.

7. 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.

Important: Signature must be in ink and your name must appear the same as it is on your federal tax return.

Participant name (print)

Participant Social Security number

Participant signature

Date