

# SAG-PRODUCERS PENSION PLAN

3601 W. Olive Ave., Burbank, CA 91505 • Mailing Address: P.O. Box 7830, Burbank, CA 91510-7830  
 P (800) 777-4013 • F (818) 973-4467 • www.sagafraplans.org/sag-pension

## Pension Application Guide for All Participants

<b>Regarding:</b>	<b>Submit the enclosed forms:</b>
Basic, required information	<input type="checkbox"/> <i>Pension Application Form</i>
Understanding work restrictions during retirement	<input type="checkbox"/> <i>Acknowledgement of Return to Work Restrictions Form</i>
If you choose the Five-Year or Ten-Year Certain Option	<input type="checkbox"/> <i>Five-Year or Ten-Year Certain Payment Election Form</i>
If you choose the Joint and Survivor Option	<input type="checkbox"/> <i>Joint and Survivor Payment Election Form</i>
If you <i>do not</i> choose the 50% Joint and Survivor Option	<input type="checkbox"/> <i>50% Joint and Survivor Pension Rejection Form</i> (notarization required)
If you elect to receive your pension as a partial lump sum	<input type="checkbox"/> <i>Partial Lump Sum Pension Distribution Form</i>
To certify that you understand your pension options and provide a signature of record	<input type="checkbox"/> <i>Acknowledgements, Certifications and Signature of Record Form</i>
Confirmation that you have <i>not</i> been issued a domestic relations order	<input type="checkbox"/> <i>Acknowledgement of Domestic Relations Order Form</i>
Requirement to verify whether you are entitled to benefits from other pension plans	<input type="checkbox"/> <i>Information Concerning Other Pension Plan Benefits Form</i>
Your tax withholding options	<input type="checkbox"/> <i>Pension Benefit Tax Withholding Form</i>
Direct deposit authorization	<input type="checkbox"/> <i>Direct Deposit Authorization Form</i> <input type="checkbox"/> Voided check or bank statement
<b>Additional application requirements:</b>	<b>Supporting documents:</b>
When you apply for a pension	<input type="checkbox"/> Proof of age (see Acceptable Proof of Age Documents)
If you are married	<input type="checkbox"/> Court recorded marriage certificate
If you are divorced	<input type="checkbox"/> Divorce decree
If you elect the Joint and Survivor Option	<input type="checkbox"/> Proof of age of spouse or contingent annuitant
If you choose direct deposit	<input type="checkbox"/> Voided check or bank statement with full name and account number
If you withhold taxes in accordance with the W-4P	<input type="checkbox"/> W-4P form

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## Pension Applicant Information Form

To begin the retirement process, please complete and return this application (please print).

Name

Last:	First:	Middle:
-------	--------	---------

Professional name

Last:	First:	Middle:
-------	--------	---------

Address

Street:		
City:	State:	Zip:
Phone:	Email:	

Social Security number

— —	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
-----	---

Date of birth (MM/DD/YYYY)

/ /	U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
-----	--

Desired effective date of pension (MM/YYYY)

/
---

Records of employment and earnings under Screen Actors Guild Agreements from 1937 to 1960:

Submitted here       Submitted previously       Not applicable

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.

Participant signature \_\_\_\_\_

Date \_\_\_\_\_

For office use only

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## Acknowledgement of Return to Work Restrictions Form

Upon retirement with a pension from the Screen Actors Guild-Producers Pension Plan (Plan), I understand and agree that:

1. Before age 65, if I return to work in the type of employment covered by the Plan, I will notify the Plan within 15 days following the end of the month in which my sessional earnings are equal to at least seven days multiplied by the minimum day-player rate under the TV and Theatrical Agreement, rounded up to the next \$100.
2. 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.
3. After age 65 there are no employment restrictions.

\_\_\_\_\_  
Participant name (print)

— —  
\_\_\_\_\_  
Participant Social Security number

\_\_\_\_\_  
Participant signature

/ /  
\_\_\_\_\_  
Date

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## Acceptable Proof of Age Documents

In order to verify information for pension qualification, the following documents/materials are acceptable for proof of age. Please submit a copy of any one of the items listed in Group A or copies of any two items listed in Group B. If the documents you submit do not constitute acceptable proof of age, additional proof may be requested.

Note: In addition to your proof of age, if you are married, a copy of the court-recorded marriage certificate and proof of age for your spouse or contingent annuitant also must be submitted.

**Group A** — Submit copies of any one of the following:

1. Birth certificate
2. Baptismal certificate or church records of date of birth, certified by the custodian of such records
3. Notification of registration of birth in a public registry of vital statistics
4. Certification of record of age by the U.S. Census Bureau
5. Hospital birth record, certified by the custodian of such records
6. Signed statement as to date of birth by the physician or midwife in attendance at birth
7. Naturalization record
8. Immigration papers
9. Passport

If you cannot submit proof from the list of items in Group A above, submit copies of two (2) of the items listed in Group B below.

**Group B** — Submit copies of two of the following:

1. Military record
2. Valid driver's license or state-issued identification card
3. School records, certified by the custodian of such records
4. Vaccination record, certified by the custodian of such records, showing date of birth or age
5. Insurance policy which shows the date of birth or age
6. Marriage records, showing date of birth or age, such as an application for marriage, marriage certificate or church record certified by the custodian of such records
7. Other evidence, such as signed and notarized statements from persons who have knowledge of the date of birth

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## Forms of Pension Payment

### Five-Year Certain

A monthly pension is payable to you for life. In the event of your death before 60 monthly pension payments have been made to you, the monthly pension will continue to be paid to your designated beneficiary(ies) until an aggregate of 60 monthly payments have been paid to you and your beneficiary(ies).

### Ten-Year Certain

An adjusted monthly pension is payable to you for life. The amount of adjustment is a reduction based on your age at retirement. In the event of your death before 120 monthly pension payments have been made to you, the monthly pension will continue to be paid to your designated beneficiary(ies) until an aggregate of 120 monthly payments have been paid to you and your beneficiary(ies).

### 50% Joint and Survivor Pension (formerly Husband and Wife Pension)

An adjusted monthly pension is payable to you for life. The amount of adjustment is a reduction based on the ages of you and your legal spouse. Upon your death, 50% of the adjusted monthly pension will continue to be paid to your surviving legal spouse for your spouse's life. This "50%" option is available only to legal spouses, not to other beneficiaries or contingent annuitants.

### 75% and 100% Joint and Survivor Option

An adjusted monthly pension is payable to you for life. The amount of adjustment is a reduction based on the ages of you and of your surviving spouse or your contingent annuitant. The option is available as either a 75% Joint and Survivor or a 100% Joint and Survivor. Upon your death, either 75% or 100% of the adjusted monthly pension will continue to be paid to your contingent annuitant (the person designated by you) for the remainder of your contingent annuitant's life. If your contingent annuitant is not your spouse and is more than 10 years younger than you, your contingent annuitant's benefit may be less than 75% or 100% of your benefit.

### Pop-Up Option

You may elect the 50%, 75% or 100% Joint and Survivor Option with a "Pop-Up Option." The Pop-Up Option reduces the amount that would otherwise be payable under each Joint and Survivor Option. However, it guarantees that if your spouse or contingent annuitant dies first, your monthly benefit will be increased (or popped up) to the amount that would have been payable to you had the benefit been paid as a Five-Year Certain at retirement. The number of payments received prior to the death of a spouse or contingent annuitant will be counted against the 60-month guarantee of the Five-Year Certain.

### Partial Lump Sum Election

You may elect a partial lump sum payment. The partial lump sum is equal to twelve (12) times the monthly payment under the Five-Year Certain form of payment. All subsequent monthly pension payments shall be reduced to compensate for the partial lump sum payment. After a partial lump sum payment has been made, the amount of the partial lump sum will not be increased and an additional partial lump sum payment will not be payable as a result of additional earnings credited either before or after the pension effective date. This election cannot be revoked after the partial lump sum payment or any subsequent monthly payment has been deposited.

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## Special Tax Notice Regarding Plan Payments

You are receiving this notice because all or a portion of a payment you are receiving from the Screen Actors Guild- Producers Pension Plan (Plan) is eligible for rollover into an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover, although the Plan and its officers and employees cannot provide tax or financial advice. Because these rules are complex and contain many conditions and exceptions which we do not discuss in this notice, you may need to consult with a professional tax advisor before you receive your distribution from the Plan.

An eligible employer plan is not legally required to accept a rollover. Before you decide to roll over your payment from the Plan to another employer plan, you should find out whether the other plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. You should also find out about any documents that are required to be completed before the receiving plan will accept a rollover. Even if a plan accepts rollovers, it might not accept certain rollover distributions, such as after-tax amounts. If this is the case, and your distribution includes after-tax amounts, you may wish, instead, to roll over your distribution to a traditional IRA or a qualified plan. If an employer plan accepts your rollover, the plan may restrict subsequent distributions of the rollover amount or may require your spouse's consent for any subsequent distribution. A subsequent distribution from the plan that accepts your rollover also may be subject to different tax treatment than distributions from this Plan. Check with the receiving plan prior to rolling over your balance. If you have questions, please contact the Plan at (800) 777-4013.

Please read the following section on frequently asked questions about rollovers section. Special rules that only apply in certain circumstances are described in the "Special rules and options" section.

### Frequently asked questions about rollovers

#### **How can a rollover affect my taxes?**

You will be taxed on a payment from the Plan if you do not roll it over (transfer it) to an IRA rollover account or another similar qualified plan. If you are under age 59<sup>1/2</sup> and do not do a rollover, you will also have to pay an additional 10% income tax on early distributions (unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the additional 10% income tax will not apply if those payments are made after you are age 59<sup>1/2</sup> (or if an exception applies).

#### **Where may I roll over the payment?**

You may roll over an eligible rollover distribution either to a Roth IRA, a traditional IRA or an eligible employer plan that accepts rollovers. An "eligible employer plan" includes a plan qualified under Code Section 401(a), including a 401(k) plan, profit sharing plan, defined benefit plan, stock bonus plan (including an ESOP), and money purchase plan; a Section 403(a) annuity plan; a 403(b) plan; and an eligible Section 457(b) plan maintained by a governmental employer (governmental 457 plan). Special rules apply to the rollover of after-tax contributions. You may not roll over any distribution to a simple IRA or a Coverdell Education Savings Account (formerly known as an educational IRA).

#### **How do I do a rollover?**

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

*If you do a direct rollover*, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

*If you do not do a direct rollover*, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59<sup>1/2</sup> (unless an exception applies).

### **How much may I roll over?**

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary); or
- Required minimum distributions after age 70<sup>1/2</sup> (or after death)

The Plan administrator or the payer can tell you what portion of a payment is eligible for rollover.

### **If I don't do a rollover, will I have to pay the additional 10% income tax on early distributions?**

If you are under age 59<sup>1/2</sup>, you will have to pay the additional 10% income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is *in addition to* the regular income tax on the payment not rolled over.

The additional 10% income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary/ies)
- Payments made due to disability
- Payments after your death
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active military duty if you were a member of a reserve component called to duty after Sept. 11, 2001 for more than 179 days

### **If I do a rollover to an IRA, will the additional 10% income tax apply to early distributions from the IRA?**

If you receive a payment from an IRA when you are under age 59<sup>1/2</sup>, you will have to pay the additional 10% income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the additional 10% income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse)

- The exception for payments is made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments to cover medical insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status)
- Due to an IRS levy

### **Will I owe state income taxes?**

This notice does not describe any state or local income tax rules (including withholding rules).

### **Special rules and options**

#### **If you miss the 60-day rollover deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevent you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, *Individual Retirement Arrangements (IRAs)*.

#### **If you were born on or before Jan. 1, 1936**

If you were born on or before Jan. 1, 1936, and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, *Pension and Annuity Income*.

#### **If you are not a Plan participant**

*Payments after death of the participant.* If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the additional 10% income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before Jan. 1, 1936" applies only if the participant was born on or before Jan. 1, 1936.

#### **If you are a surviving spouse**

If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59<sup>1</sup>/<sub>2</sub> will be subject to the additional 10% income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70<sup>1</sup>/<sub>2</sub>.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional tax penalty on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70<sup>1</sup>/<sub>2</sub>.



**If you are a surviving beneficiary other than a spouse**

If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the additional 10% income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

*Payments under a qualified domestic relations order.* If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO are not subject to the additional 10% income tax on early distributions.

**If you are a nonresident alien**

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S.

See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, *U.S. Tax Guide for Aliens*, and IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

**Other special rules**

If a payment is one in a series of payments for less than 10 years, your choice of whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

Unless you elect otherwise, mandatory cash out of more than \$1,000 (not including payments from a designated Roth account in the Plan) will be directly rolled over to an IRA chosen by the Plan administrator or the payer. A mandatory cash out is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed \$5,000 (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, *Armed Forces' Tax Guide*.

**For more information**

You may want to consult with the Plan administrator, payer or professional tax advisor before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, *Pension and Annuity Income*; IRS Publication 590, *Individual Retirement Arrangements (IRAs)*; and IRS Publication 571, *Tax-Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.

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## Five-Year and Ten-Year Certain Payment Election Form

To elect a Five-Year Certain or a Ten-Year Certain, please choose **one** pension payment option below and list your beneficiaries. For a description of each option, please see the Forms of Pension Payment sheet. You may choose anyone to be your beneficiary, and you may change your designation at any time. You must list at least one primary and one secondary beneficiary, indicating the share to be paid to each beneficiary. You cannot list yourself as a beneficiary. Benefits will not be paid to any secondary beneficiary unless all primary beneficiaries are deceased. For example, if you name two primary beneficiaries and one of them dies, the surviving primary beneficiary will receive all of the benefits upon your death even if you name one or more secondary beneficiaries.

**Five-Year Certain**

**Ten-Year Certain**

**Primary beneficiary** — If you have additional primary beneficiaries, please list them on the back of this form.

Name:	Relationship:	Share of benefit:	%
Address:			
Email:	Phone:		
Name:	Relationship:	Share of benefit:	%
Address:			
Email:	Phone:		

**Secondary beneficiary** — If you have additional secondary beneficiaries, please list them on the back of this form.

Name:	Relationship:	Share of benefit:	%
Address:			
Email:	Phone:		

**You may also elect a partial lump sum payment (see Forms of Pension Payment sheet).**

I elect to receive a partial lump sum without rollover.  I elect a direct rollover of the partial lump sum.  I decline.

**Spouse's statement:** I consent to my spouse's choice of pension and partial lump sum payment.

\_\_\_\_\_  
Spouse signature

\_\_\_\_\_  
Spouse Social Security number

I understand that this election cannot be revoked after my application has been processed.

\_\_\_\_\_  
Participant name (print)

\_\_\_\_\_  
Participant Social Security number

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date



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## 50% Joint and Survivor Pension Rejection Form

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.

**Participant's statement:** I DO NOT elect to receive my pension benefits in the form of a 50% Joint and Survivor Pension. I understand that rejecting this form of pension 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 or contingent annuitant.

- I swear that I am not legally married at this time.
- I swear that I am unable to locate my spouse.
- I swear that the person co-signing this document below is my spouse.

Participant name (print) _____	Participant Social Security number _____	—	—
Participant signature _____	Date _____	/	/
State of _____	County of _____		
On the _____	day of _____		
before me came _____ 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.			

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

**Spouse's statement:** I swear that I am the legal spouse of the participant signing above. I consent to my spouse's rejection of the 50% Joint and Survivor Pension. I understand that as a result, I will not be paid a pension from the Plan after my spouse's death 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 name (print) _____	Spouse Social Security number _____	—	—
Spouse signature _____	Date _____	/	/
State of _____	County of _____		
On the _____	day of _____		
before me came _____ 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.			

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

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## Partial Lump Sum Pension Distribution Form

### Election or rejection of direct rollover to an IRA or retirement plan

- I choose to receive my partial lump sum benefit after withholding 20% for federal taxes as required by law.
- I want to roll over my partial lump sum payment directly to an IRA or other qualified retirement plan that accepts rollovers. The IRA or other qualified plan is named below. Further, I understand that payment of my benefits to the Trustee of the IRA or qualified retirement plan releases the Trustees of the SAG-Producers Pension Plan from any obligations or responsibilities with respect to the benefits so paid.
- I would like to have only part of my payment rolled over. Please roll over \$\_\_\_\_\_ to the IRA or qualified retirement plan named below, and pay the remainder of my benefit to me after withholding 20% for federal income tax as required by law.

**Note:** If you elected a direct rollover, you must provide all of the following information. The SAG-Producers Pension Plan will not make payment until you provide the information.

Please pay my benefit to:

\_\_\_\_\_  
Name of trustee of IRA or qualified retirement plan

\_\_\_\_\_  
Account number

If the benefit is to be rolled over to an IRA, the check must specifically name the trustee. For example, the payee line of the check should read: ABC Bank, Trustee fbo John Smith IRA Rollover A/C 0000000000.

Mailing address of qualified retirement plan:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

/ /

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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

# SAG-PRODUCERS PENSION PLAN

3601 W. Olive Ave., Burbank, CA 91505 • Mailing Address: P.O. Box 7830, Burbank, CA 91510-7830  
P (800) 777-4013 • F (818) 973-4467 • [www.sagafraplans.org/sag-pension](http://www.sagafraplans.org/sag-pension)

## Acknowledgement of Domestic Relations Order

If your benefits are not subject to a QDRO or similar court order and you do not anticipate that such a QDRO or similar court order will be issued with respect to your pension benefits in the coming year, please sign this document where indicated after you have read the acknowledgement.

### Definition of QDRO

A qualified domestic relations order (QDRO) is a court order that creates or recognizes the existence of an individual's right or assigns to such individual the right to receive all or a portion of a plan participant's benefits payable under a pension plan. In most cases, the individual is an ex-spouse. Because the SAG-Producers Pension Plan is legally required to assign any or all of a participant's benefit to an individual named in a QDRO, the Plan has an interest in knowing whether an outstanding QDRO or other similar court order exists at the time the participant applies for a pension.

Accordingly, if your benefits are subject to a QDRO or similar court order, or if you anticipate that a QDRO or similar court order will be issued with respect to your benefits during the coming year, please provide the Plan with a copy of such document and/or notify the Plan office immediately.

### Acknowledgement

I understand that the SAG-Producers Pension Plan is obligated to assign benefits to any individual named in a QDRO or any other similar court order. To the best of my knowledge, there is no outstanding QDRO or similar court order, nor do I anticipate the issuance of any such order in the coming year. It is my responsibility to contact the Plan if such an order is issued.

\_\_\_\_\_  
Participant name (print)

— —  
\_\_\_\_\_  
Participant Social Security number

\_\_\_\_\_  
Participant signature

/ /  
\_\_\_\_\_  
Date

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## Information Concerning Other Pension Plan Benefits

In order to process your application for benefits from the SAG-Producers Pension Plan, we need information concerning benefits that you may be entitled to receive from another defined benefit pension plan maintained by a producer.

Please provide the information requested below concerning benefits payable to you from a defined benefit pension plan established through a loan-out company. You do not need to provide any information concerning benefits that may be payable to you from a defined contribution plan or from a multi-employer pension plan such as:

AFTRA Retirement Plan  
DGA-Producer Pension Plans  
Motion Picture Industry Pension Plan  
Producers-Writers Guild of America Pension Plan  
Equity-League Pension Trust Fund

- I am not a participant in any qualified defined benefit plan maintained by a producer from which a benefit has been or is payable to me.
- I am a participant in the following qualified defined benefit plan(s) maintained by producers from which a benefit has been or is payable to me.

Name of plan:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

Name of plan:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

\_\_\_\_\_  
Participant name (print)

\_\_\_\_\_  
Participant Social Security number

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date



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## Pension Benefit Tax Withholding Election

### Federal income tax withholding

- A.  Do not withhold federal income tax from my pension.
- B.  Please withhold federal income tax from my pension in accordance with W-4P (attached).

If your monthly pension payment is less than \$1,680.00, no deduction can be withheld unless you elect a flat dollar amount. Refer to Box C.

- C.  Please withhold a flat dollar amount of \$\_\_\_\_\_ per month from my pension payment.

\_\_\_\_\_

### California state income tax withholding (California residents only)

- A.  Do not withhold California income tax from my pension.
- B.  Please withhold California income tax from my pension in accordance with W-4P (attached).

If your monthly pension amount is less than \$2,620.00, no deduction can be withheld unless you elect a flat dollar amount. Refer to Box C.

- C.  Please withhold a flat dollar amount of \$\_\_\_\_\_ per month from my pension payment.

— —

\_\_\_\_\_  
Participant name (print)

\_\_\_\_\_  
Participant Social Security number

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

/ /

**Note:** The SAG-Producers Pension Plan cannot provide tax or financial advice.

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## Direct Deposit Authorization Form

Please complete this form to have your monthly pension benefit deposited directly to your bank account. Should you choose not to have direct deposit and do not have a bank account, the Plan can create a debit card for you through Skylight Financial. For more information, visit [www.skylightpaycard.com](http://www.skylightpaycard.com). Your check will be mailed to your current address until the electronic deposit is accepted by your financial institution. You will be notified if your deposit is rejected.

### Pensioner information

First name:	Middle :	Last :
Date of birth (MM/DD/YYYY):		Social Security number: — —
Address:		
City:	State:	Zip:
Email:		Phone:

### Account information

Financial institution name:	Phone:
Joint account holder(s), if applicable:	
Joint account: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing/transit number:	Account number:

**Proof of account required:** Enclose a voided check or bank statement with full name and account number.

Please check this box if you are electing the Skylight Debit Card option for the deposit of your pension benefit.

### Authorization agreement

I/we 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/we have indicated on this form. I/we understand that written authorization will be required to make any changes or to stop the direct deposits. I/we 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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Participant or beneficiary signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Joint account holder signature (if any) Date