

SAG-PRODUCERS PENSION PLAN

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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