SAG-PRODUCERS PENSION PLAN

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Joint and Survivor Payment Election Form

To elect a 50%, 75%, or 100% Joint and Survivor Option, please choose a pension payment option below and complete the form. For a description of each option, please see the **Forms of Pension Payment** sheet.

| 50% Joint and Survivor (on 75% Joint and Survivor 100% Joint and Survivor | ıly available for your leg | al spouse) | | | | | |
|---|---|-----------------------|------------------|-------------------------|--------------|--|--|
| ☐ With Pop-up (optional) | | | | | | | |
| Spouse or contingent annuitant i | nformation | | | | | | |
| Name: | | | | | | | |
| Address: | | | | | | | |
| City: | State: | | Zip: | | | | |
| Relationship: | ip: | | | Social Security number: | | | |
| Date of birth: / | / | Date of marria | age: | / | / | | |
| Proof of age and, if applicable, rec | corded marriage certi | ficate must be | e submitted | d with this a | ipplication. | | |
| You may also elect a partial lump | | | | | | | |
| I elect to receive a partial lump sum wit | thout rollover. I elect | a direct rollover | of the partia | l lump sum. [| I decline. | | |
| Spouse's statement: I consent to m | ny spouse's choice of pe | ension and parti – | al lump sum _ | payment. | | | |
| Spouse signature Spouse Social Security number | | | | | | | |
| I understand that this election cannot | be revoked after my ap | plication has be | en processed | d. | | | |
| | | _ | _ | _ | | | |
| Participant name (print) | ticipant name (print) Participant Social Security number | | | | | | |
| Participant signature | | Date | / | / | | | |