

SCREEN ACTORS GUILD-PRODUCERS PENSION & HEALTH PLANS

PAYMENT ELECTION FORM

I hereby elect to receive my pension in the form indicated below. I also understand that this election cannot be revoked after I cash/deposit my first pension payment.

Five Year Certain

-OR-

Ten Year Certain

Primary Beneficiary			Secondary Beneficiary		
Name			Name		
Address			Address		
City	State	Zip	City	State	Zip
Relationship			Relationship		

-OR-

Joint and Survivor With Pop-Up Option: 50% * 75% 100%

-OR-

Joint and Survivor Without Pop-Up Option: 50% * 75% 100%

* 50% Joint and Survivor option is only available for your legal spouse or same sex domestic partner.

Contingent Annuitant, Spouse or Same Sex Domestic Partner Information:

Name			Social Security Number		
Address			Date of Birth (Provide Proof)		
City	State	Zip	Date of Marriage (Provide Recorded Marriage Certificate)		

Spouse's statement: I hereby consent to my spouse's Form of Pension Payment Election.

Spouse's signature: _____ Social Security Number: _____

Partial Lump Sum Payment

I understand that the partial lump sum is equal to twelve (12) times the monthly payment under the Five Year Certain form of payment, and that all subsequent monthly payments shall be reduced to compensate for the partial lump sum payment. I understand that 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 effective date of my Pension. I further understand this election cannot be revoked after the partial lump sum payment or any subsequent monthly payment has been deposited.

I elect the partial lump sum payment I elect a direct rollover of the partial lump sum payment

Spouse's statement: I hereby consent to my spouse's election of the partial lump sum payment.

Spouse's signature: _____ Social Security Number: _____

Please sign and date:

Participant's Name (please print) _____ Social Security Number: _____

Participant's Signature: _____ Date: _____

You must complete the 50% Joint and Survivor Option Rejection form if you have a legal spouse and did not elect the 50% Joint and Survivor Option.