

SCREEN ACTORS GUILD-PRODUCERS PENSION & HEALTH PLANS

PAYMENT ELECTION FORM

Please check your selection in A and B and then sign your application

A - Form Of Monthly Pension Payment

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

Five Year Certain Ten Year Certain

Primary Beneficiary(ies)			Secondary Beneficiary(ies)		
Name			Name		
Address			Address		
City	State	Zip	City	State	Zip
Relationship	Share of Benefit		Relationship	Share of Benefit	
Primary Beneficiary(ies)			Secondary Beneficiary(ies)		
Name			Name		
Address			Address		
City	State	Zip	City	State	Zip
Relationship	Share of Benefit		Relationship	Share of Benefit	

Joint and Survivor Option: 100% 75% With Pop Up Option Without Pop Up Option
Husband and Wife Pension: 50% With Pop Up Option Without Pop Up Option

Name of Contingent Annuitant for Joint & Survivor Option			Name of Spouse for Husband and Wife Pension		
Address			Spouse's Soc. Sec. No.		
City	State	Zip	Spouse's Date of Birth (Provide Proof)		
Soc. Sec. No.	Date of Birth	Relationship	Date of Marriage		

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

Spouse's signature: _____ Social Security Number: _____

B - 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 Husband-and-Wife Pension rejection if you did not elect the 50% Husband-and-Wife Pension.