

SCREEN ACTORS GUILD-PRODUCERS PENSION & HEALTH PLANS

50% Joint and Survivor Option Rejection

Participant's Statement: I hereby DO NOT elect to receive my pension benefits in the form of a 50% Joint and Survivor Option. I understand that rejecting this form of pension means that no benefits will be paid to my spouse by the Pension Plan after my death *unless* she/he 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's Name (Please Print) _____ Social Security Number _____

Participant's Signature _____ Date _____

State of _____

County of _____

On the _____ day of _____

before me came _____ to me known and known to me to be the person described

and who executed the forgoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public _____

Spouse's Statement: I swear that I am the legal spouse of the participant signing above. I hereby consent to my spouse's rejection of the 50% Joint and Survivor Option. 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 further consent to the beneficiaries designated by my spouse and hereby authorize a future change in the designated beneficiaries without my further consent.

Spouse's Name (Please Print) _____ Social Security Number _____

Spouse's Signature _____ Date _____

State of _____

County of _____

On the _____ day of _____

before me came _____ to me known and known to me to be the person described

and who executed the forgoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public _____