

SCREEN ACTORS GUILD-PRODUCERS PENSION & HEALTH PLANS

50% Husband-and-Wife Pension Rejection

Participant's Statement: I hereby DO NOT elect to receive my pension benefits in the form of a 50% Husband-and-Wife Pension. 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 _____ who proved to me on the basis of satisfactory evidence to be

the person whose name is subscribed to the within instrument and acknowledge to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

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 Husband-and-Wife Pension. 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 _____ who proved to me on the basis of satisfactory evidence to be

the person whose name is subscribed to the within instrument and acknowledge to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Notary Public _____

P.O. BOX 7830 · BURBANK, CA 91510-7830
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