

SCREEN ACTORS GUILD-PRODUCERS PENSION & HEALTH PLANS

Partial Lump Sum Pension Distribution

Election or Rejection of Direct Rollover to an IRA or Retirement Plan

- () I do not want to roll over my Partial Lump Sum payment to an IRA or other qualified retirement plan. I choose to receive my Partial Lump Sum benefit after withholding 20 percent for federal taxes as required by law.
- () I want to roll over my Partial Lump Sum payment directly to an IRA or other qualified retirement plan that accepts rollovers. The IRA or other qualified plan is named below.
- () I would like to have only part of my payment rolled over. Please roll over \$_____ to the IRA or qualified retirement plan named below, and pay the remainder of my benefit to me after withholding 20 percent for federal income tax as required by law.

IF YOU ELECTED A DIRECT ROLLOVER, YOU MUST PROVIDE ALL OF THE FOLLOWING INFORMATION. THE PLAN WILL NOT MAKE PAYMENT UNTIL YOU PROVIDE THE INFORMATION.

Please make payment of my benefit on my behalf to:

Name of Trustee of IRA or Qualified Retirement Plan Account Number

Mailing Address

Address

City State Zip

Please sign below to authorize any election or rejection.

Signature Date