

SCREEN ACTORS GUILD-PRODUCERS PENSION & HEALTH PLANS

ROLLOVER ELECTION CERTIFICATION

IF YOU HAVE ELECTED A DIRECT ROLLOVER OF YOUR PARTIAL LUMP SUM PENSION PAYMENT, PLEASE READ AND SIGN THE FOLLOWING STATEMENT.

I certify that the recipient of a direct rollover that I have named is an Individual Retirement Account, and Individual Retirement Annuity, or a qualified retirement plan that accepts rollovers.

I understand that payment of my benefits to the Trustee of the IRA or qualified retirement plan will release the Trustees of the Screen Actors Guild-Producers Pension Plan from any further obligations or responsibilities with respect to the benefits so paid.

Signature of Participant

Date Signed

P.O. BOX 7830 • BURBANK, CA 91510-7830
(818) 954-9400 • PENSION FAX (818) 973-4467 • (800) 777-4013 (EXCLUDES LOS ANGELES AREA)