

# SCREEN ACTORS GUILD-PRODUCERS PENSION & HEALTH PLANS

## ACKNOWLEDGEMENTS AND CERTIFICATIONS

### 1. Explanation of Pension Forms

This is to certify that I have had the Five-Year Certain Pension, the Ten-Year Certain Option, the Joint and Survivor Option, the Husband and Wife Pension, the Pop-Up Option and the Partial Lump Sum Option explained to me and I fully understand the requirements, provisions and restrictions of the form of pension I elected.

\_\_\_\_\_  
Signature Date

### 2. Commencement of Pension Benefits

I elected to commence my pension benefits as of:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Date

### 3. Inability to Change Form of Pension Option

I fully understand that once I have cashed or deposited my first Pension check, I **may not change** the form of pension that I have elected **for any reason**, including but not limited to, a change in my marital status, the crediting of additional earnings or a change in my benefit amount.

\_\_\_\_\_  
Signature Date

### 4. EDD Unemployment Benefits

I acknowledge that I have been duly informed by the Screen Actors Guild-Producers Pension Plan Staff that my monthly pension could affect my unemployment insurance benefits, and that it is my responsibility to contact that agency for details.

\_\_\_\_\_  
Signature Date

### 5. Tax Withholding on Residual Income

I acknowledge that I have been duly informed by the Screen Actors Guild-Producers Pension Plan Staff that any residuals from previous work may not constitute "wages" for purposes of FICA and Medicare Taxes, and that it is my responsibility to contact a qualified tax consultant for details.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name Soc. Sec. No.