

SCREEN ACTORS GUILD-PRODUCERS PENSION & HEALTH PLANS

RETIREMENT DECLARATION AND SIGNATURE FORM

When retiring on a pension from the Screen Actors Guild-Producers Pension Plan for Motion Picture Actors. I declare that I will be bound by all the provisions of the Pension Plan and that:

1. I understand that before attaining age 65 I am not entitled to receive a pension check if I work in the type of employment covered by the Plan and my sessional earnings in a calendar month are equal to 7 days multiplied by the minimum day player rate under the TV and Theatrical Agreement, rounded up to the next \$100. After age 65 there are no restrictions on employment.
2. If, before attaining age 65, I return to work in the type of employment covered by the Plan, I will notify the Plan Trustees within 15 days following the end of the month in which my sessional earnings are equal to 7 days multiplied by the minimum day player rate under the TV and Theatrical Agreement, rounded up to the next \$100.
3. I understand that I must personally endorse each pension check. My signature, as it appears below, will be used at all times when endorsing the pension checks which you send me.
4. I understand that the rules in place at the time of my retirement are subject to change in the future.

NOTE: ALL SIGNATURES MUST BE IN INK AND YOUR NAME MUST BE THE SAME AS IT IS ON YOU FEDERAL TAX RETURN.

Print Name

Social Security Number

Signature

Date

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