

SCREEN ACTORS GUILD-PRODUCERS PENSION & HEALTH PLANS

ACKNOWLEDGEMENTS AND CERTIFICATIONS

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

Commencement of Pension Benefits

I have elected to commence my benefits as of:

Date

Signature

Date

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

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.

Print Name

Date

Signature

Soc. Sec. No.

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