

Participant's Signature

and the provisions of the Plans, the provisions of the Plans shall govern.

END OF RE-EMPLOYMENT NOTIFICATION FORM

Return this Form to: MPI Retirement Benefits • P.O. Box 1999 • Studio City, CA 91614-0999 Toll-Free: (855) 275-4674 • Fax: (323) 877-2223 • Email: service@mpiphp.org

Date

Participant's Name	MPID	Contact Number
Employer Name	Re-employment End Da	te
Job Classification	Union Local Number	
Completion of this form shall serve to notify the Motion Picture Industry Pension Plan ("Pension Plan") and Motion Picture Industry Account Plan ("IAP") (collectively "the Plans") that I have stopped working in the motion picture industry (the "Industry") on the above-referenced Re-employment End Date.		
I understand that:		
• Monthly Pension Plan payments will typically resume within 90 days after the date the Pension Plan has verified that I have completed two consecutive Non-Suspendible months* in the Industry.		
• Upon verification that my re-employment has ended, my benefits will be re-evaluated for adjustments.		
• The Plans have a fiduciary responsibility to recover any overpayments resulting from my period of reemployment.		

See your Summary Plan Description for additional information about the Plans. Benefits are subject to final verification, review and adjustment. If applicable, these amounts may be subject to change in accordance with any divorce or Qualified Domestic Relations Order ("QDRO"), which may or may not be on file. In the event of any inconsistency between any communications

^{*} A Month of Suspendible Service is any Payroll Month of re-employment for 40 or more hours. A Payroll Month commences on the Sunday before the last Thursday of a Calendar Month and ends the Saturday before the last Thursday of the subsequent month.