



## Benefit Estimate Request Form

### QUALIFIED DOMESTIC RELATIONS ORDER (QDRO)

The Plans can provide upon request, an estimate of the community property interest in the Participant' Motion Picture Industry Pension Plan (the "Pension Plan") and the Motion Picture Industry Individual Account Plan (the "IAP") (collectively "MPI")

This estimate will be prepared in accordance with the language set forth in the MPI model QDRO. The model language is illustrative of just one approach which may be found to constitute a QDRO and is not intended to indicate any opinion as to how benefits should be split between the Participant and the Alternate Payee. The parties are free to use other fractions or formulas for dividing the benefit. The estimated amount may be subject to change in accordance with the language contained in the final, judge-signed QDRO.

If a final, judge-signed QDRO is on file with MPI, please complete and submit to MPI a Pension Benefit Estimate Request Form instead of this form.

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**Please print or type your answers.**

\_\_\_\_\_  
*Date of Marriage*

\_\_\_\_\_  
*Date of Separation*

**Participant:**

\_\_\_\_\_  
*Last Name, First, M.I.*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Date of Birth*

**Ex-spouse:**

\_\_\_\_\_  
*Last Name, First, M.I.*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Date of Birth*

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If you are not the Plan Participant and you wish to obtain the Participant's MPI Pension Plan and IAP information, authorization is required by the Participant or someone empowered by a court order, such as a subpoena or Joinder.

**Requestor**

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Relationship to Participant*

\_\_\_\_\_  
*Address*

**Participant's Authorization**

\_\_\_\_\_  
*Participant's Signature*

\_\_\_\_\_  
*Date*

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**If you have recently moved, please complete and submit a Change of Address Form with this form.**

Mail your completed form(s) to:  
**MPIPHP, P.O. Box 1999, Studio City, California 91614-0999**

Please allow 3 to 4 weeks to receive your Statement.