

Producer-Writers Guild of America Pension Plan

Terence L. Young, Chief Executive Officer

ELECTION OR REJECTION OF DIRECT ROLLOVER

ATTENTION: BEFORE COMPLETING THIS FORM YOU SHOULD READ THE SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS CAREFULLY. YOU ALSO MAY WISH TO CONSULT YOUR TAX ADVISOR BEFORE MAKING THIS ELECTION.

COMPLETE THIS FORM ONLY IF YOU WILL RECEIVE A PAYOUT IN A LUMP SUM OR IN A MONTHLY INSTALLMENT PAYABLE FOR **LESS THAN 10 YEARS**.

PARTICIPANT INFORMATION

Name: _____ Social Security Number: _____
Address: _____

If you will receive part or all of your benefits as a lump sum or as a monthly amount payable for **less than 10 years**, that payment will be an "eligible rollover distribution". You may elect to have part or all of that distribution transferred directly to an Individual Retirement Account (IRA) or other qualified plan. If you choose not to have an eligible rollover distribution transferred directly to an IRA or other qualified plan, the Plan is required to withhold 20% of the payment for federal income taxes. This withholding does not increase your taxes, but will be credited against any income tax you owe. (For further information on direct rollovers and withholding, please read the special notice regarding Plan payments that is enclosed.)

If your benefit is \$200.00 or more, you may choose to have only part of the payment rolled over, and to have the rest paid to you. Withholding will be taken out of any part that is not directly rolled over. If you want to have only part of your payment directly rolled over, please inform us of the amount (at least \$200) that you would like to roll over.

Continued on Reverse



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Producer-Writers Guild of America Pension Plan

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Check below to indicate whether or not you elect a direct rollover of your benefit payment:

- I do not want to roll over any of my payment to an IRA or other qualified plan. Pay me the full amount of my benefits after withholding 20% for federal income taxes as required by law.
- *I want to roll over my payment directly to an IRA or other qualified plan, which is named below.
- *I would like to have only part of my payment directly rolled over. Please roll over \$_____ to the IRA or other qualified plan named below, and pay the remainder of my benefit to me, after withholding 20% for federal income taxes as required by law.

Signature

Date

CERTIFICATION

If you have elected a direct rollover of all or part of your benefit, please read and sign the following statement:

I certify that the recipient of a direct rollover that I have named below is an Individual Retirement Account or other qualified plan that accepts rollovers. I understand that payment of my benefits to the trustee of the IRA or other qualified plan releases the Directors of the Producer-Writers Guild of America Pension Plan from any further obligations or responsibilities with respect to the benefits so paid.

Signature

Date

***If you elected a direct rollover**, you must provide all of the following information. If we do not receive this information within 45 days, the Plan will make the payment to you, after deducting the legally required withholding tax. Until you provide this information, no direct rollover can be made.

Please make payment of my benefits on my behalf to:

Name of IRA Trustee

Account Number

Producer-Writers Guild of America Pension Plan

Mailing Address

City

State

Zip Code