



Producer-Writers Guild Of America Pension Plan

1015 N. Hollywood Way • Burbank, CA 91505 • (818) 846-1015 • FAX: (818) 566-8445

APPLICATION FOR TERMINAL ILLNESS BENEFIT

SECTION 1 PARTICIPANT INFORMATION				
FIRST NAME		MIDDLE INITIAL		LAST NAME
SSN		DATE OF BIRTH		TELEPHONE NUMBER
MARITAL STATUS				
CHECK ONE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW(er)				
STREET ADDRESS			CITY	STATE ZIP
NAME OF LAST EMPLOYER IN THE PLAN			DATE OF LAST EMPLOYMENT WITH EMPLOYER IN PLAN	

Attach a certification from a licensed physician that you are terminally ill and have a life expectancy of less than one year. The physician should attach to the certification any documentation necessary to support this conclusion. You should understand that the Directors of the Plan may require you to submit to another examination by a physician selected by the Directors in order to determine whether you are qualified for a Terminal Illness Benefit. If you have also applied to the Writers' Guild-Industry Health Fund ("Health Fund") for a terminal illness benefit, the Plan may base its determination on the decision by the Health Fund. If you have not applied for a benefit under the Health Fund, the Plan's medical consultants will review your certification.

SECTION 2 OPTION SELECTION (Initial one only)	
FOR SINGLE, DIVORCED OR WIDOWED PARTICIPANTS ONLY	
If you are not married , you may only choose Option 1 OR 2 as the form of payment of your Terminal Illness Benefit.	
<input type="checkbox"/>	Option 1: Lump Sum Benefit equal to 75% of the amount of the Pre-Retirement Death Benefit which would be payable under Article V, Section 1 of the Plan Trust Agreement
<input type="checkbox"/>	Option 2: Single Life Annuity without any guaranty of any months certain, commencing when the Lump Sum Benefit would have been paid.
FOR MARRIED PARTICIPANTS ONLY	
If you are married , you may only choose Option 3 OR 4 as the form of payment of your Terminal Illness Benefit.	
<input type="checkbox"/>	Option 3: Lump Sum Benefit equal to 75% of the amount of the Pre Retirement Death Benefit which would be payable under Article V, Section 1 of the Plan Trust Agreement. Since you are married, your spouse must sign the required spousal waiver in the presence of a Notary Public.
<input type="checkbox"/>	Option 4: Joint and 50% Survivor Benefit commencing when the Lump Sum Benefit would have been paid unless the participant and spouse consent in writing to the lump sum form of payment.

SECTION 3**APPLICATION FOR TERMINAL ILLNESS BENEFIT**

I am hereby applying for the Terminal Illness Benefit pursuant to Article IV, Section 18 of the Plan, a copy of which is attached. I understand that:

- If I receive a Terminal Illness Benefit, any death benefits payable upon my death (including any surviving spouse benefit) will be reduced by the amount of the Terminal Illness Benefit;
- If I elect a Terminal Illness Benefit, I will not be eligible to retire until I attain age 65; and
- If I retire at age 65, the amount of my normal retirement pension payable is reduced by the actuarial equivalent of the Terminal Illness Benefit.

If the Directors approve my application, I elect that the benefits be paid in the form chosen above. I understand that this election is irrevocable once any payments have been made.

PARTICIPANT'S SIGNATURE

DATE

SECTION 4**SPOUSAL WAIVER (To be completed if Option 3 is chosen)**

SPOUSE'S FIRST NAME

SPOUSE'S MIDDLE NAME

SPOUSE'S LAST NAME

SPOUSE'S SSN

DATE OF MARRIAGE

I elect not to accept the Producer-Writers Guild of America Pension Plan qualified Joint & 50% Survivor Benefit or the Surviving Spouse Benefit available to me as a result of the participant's election of the Terminal Illness Benefit, to be paid in a lump sum. All benefit options have been explained to me and I understand that this election is irrevocable.

SPOUSE'S SIGNATURE

DATE

TO BE COMPLETED BY A NOTARY PUBLIC

State of:

County of:

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same.

WITNESS my hand
and official seal.
