



Direct Deposit Instructions

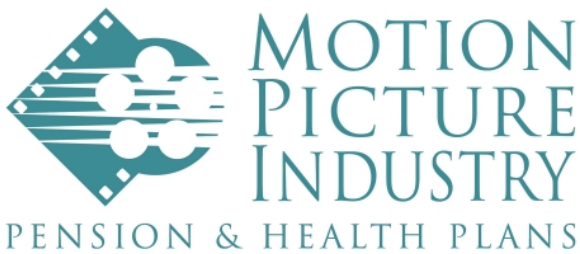
Please Read All Instructions Carefully

1. Complete and sign the attached "Pension Direct Deposit Authorization Form". Type or Print Clearly.
2. To initiate direct deposit, we will need you to send us a voided check from the checking account or a deposit slip from the savings account you would like to use. Please verify proper routing/transit number with your bank.
3. If the Direct Deposit form is signed by someone other than the retiree, the MPIPP will require a certified copy of the appointment of **Power of Attorney and Doctors Certification of Incapacity**, if not already on file with us.
4. If you have questions about filling out the Direct Deposit form, call the MPIPP Office at 818 or 310.769.0007 Ext. 627 (outside So. California 888.369.2007 Ext. 627).
5. Be sure to keep a copy of the completed form for your records before submitting it to the Plan Office.
6. It may take up to three weeks to initiate your Direct Deposit payments. Until that time, we will continue to send you your check each month at your current address until processing has been completed.
7. Notify us immediately of any changes to your address. This will ensure your receipt of all important mailings related to your pension. Be sure to include your **social security number** on all correspondence.
8. If you must change banks or accounts, call and let us know: 818 or 310.769.0007 Ext. 627 (outside So. California: 888.369.2007 Ext. 627.)
9. **Please do not close your old account until you start to receive your benefit payment in the new account.** This will avoid delay in receiving your benefit payment.
10. All checks are mailed or deposited on the 1st of every month unless that day falls on a weekend or holiday, in which case the checks will be mailed or deposited the day prior to the holiday or weekend.
11. We're sorry, but we cannot directly deposit your pension payments to a **Trust Account**.

Attention Joint Account Holders

Joint account holders should immediately advise both the MPIPP Office and their bank in the event of the death of a beneficiary. Funds deposited after the date of death or ineligibility are to be returned to the MPIPP. The MPIPP will then make the determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments upon receipt of certain required documents.

Both account holders MUST sign the form in order for it to be valid.



Pension Direct Deposit Authorization Form

Complete this form to have your monthly pension benefits deposited directly into your checking or savings account. Your payment will be in your account by the 1st of each month.

Recipient's Information:

Name: _____ SSN: _____

Address: _____

Phone: () - _____

Participant's Information: (Only if Recipient is not a Participant.)

Name: _____ SSN: _____

Address: _____

Phone: () - _____

ACCOUNT INFORMATION

Bank Name: _____ Phone: () - _____

Joint Account: Yes No Joint Account Holder(s) Name: _____

Account Type: (Please check only one) Checking Savings Other: _____

Routing or Transit Number: _____ Account Number: _____

IMPORTANT: Please note that your pension payments cannot be directly deposited into a Trust Account. Please enclose a voided check which shows routing/transit number and your account number.

AUTHORIZATION AGREEMENT

I hereby authorize the Motion Picture Industry Pension Plan to make direct deposits and, if necessary, correct any such deposits by making adjustments to my account at the bank I have indicated on this form. I understand that written authorization will be required to make any changes or to stop the direct deposits.

Account Holder's (Recipient's Signature) Date Joint Account Holder's Signature (if applicable) Date

INCAPACITY OF RETIRED PARTICIPANT: A Durable Power of Attorney, Guardianship or Conservatorship is required for someone else to legally handle any retirement transactions, bank accounts and changes of address. If a Durable Power of Attorney is used, the MPIPP also requires a doctor's certification of incapacity. These documents must be either original or a certified copy. Benefits are payable to the Participant only and may not be paid to another party (i.e. spouse, attorney-in-fact, etc.)

The line below may only be signed by an individual who has a valid power of attorney, or order of guardianship or conservatorship, which is currently in effect, is on file at the MPIPP, and which provides the holder thereof with the power to execute this authorization on behalf of the Participant. If you sign this authorization, you are certifying that you are authorized to sign this form on behalf of the Participant and that the Participant is still alive on the date stated below. If you are not so authorized or if the Participant is not alive, the MPIPP will pursue all available legal recourse to recover any funds paid pursuant to this authorization.

Authorized Signature on Behalf of Participant or Beneficiary Date

IMPORTANT NOTICE: Your pension check will be mailed to your current address until the electronic fund transfer is accepted by your bank. If in any circumstance the bank rejects your direct deposit, you will be notified at your current address of record. All future payments will be automatically on hold for security purposes until we receive further notification or authorization from you.