



Pension Benefit Estimate Request Form

A benefit estimate is a useful tool when deciding when to retire. The estimate will provide the monthly pension amounts available to you at retirement through a range of ages and options, as well as provide you with your Individual Account Plan balance.

Your actual pension benefit amount will be verified by the Pension Department when you apply for retirement.

You must be vested in order for the Plan Office to generate your estimate.

Please print or type your answers.

(For your convenience, you may complete this form on-screen.)

Participant:

Last Name, First, M.I. Date of Birth

Social Security Number (Area Code) Daytime Telephone No. E-Mail Address

Street Address

City, State, ZIP Code

**If you are a Participant of the MPI Pension Plan because your pension plan merged,
please write-in your Local Union # _____.**

Spouse:

Last Name, First, M.I. Date of Birth

Social Security Number (Area Code) Daytime Telephone No. E-Mail Address

Mail your completed form to:

**Motion Picture Industry Pension Plan
Attention: Pension Department
P.O. Box 1999
Studio City, California 91614-0999**

Please allow 3 to 4 weeks to receive your Statement.

Participant's Signature

Date