PENSION PROJECTION REQUEST FORM

INSTRUCTIONS

This Pension Projection Form should be completed if you are vested in the Retirement Plan and have not yet commenced your pension payment. This projection request will only provide comparison of your monthly payment amount(s) based on your benefits earned to date.

To submit your Pension Projection Request Form for review and processing, you must complete, sign, date and mail the Form to:

AFTRA Retirement Plan
P.O. Box 7830
Burbank, CA 91510-7830

All sections must be completed fully and accurately for your Pension Projection Request Form to be processed by the AFTRA Retirement Fund.

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Participant's Social Security Number _____

Address Line 1 _____ Apt/Unit/Suite/Floor _____

Address Line 2 _____

City _____ State/Province _____ ZIP Code _____ Country _____

Projected Retirement Date(s) (MM/DD/YYYY) _____ (MM/DD/YYYY) _____

(MM/DD/YYYY) _____ (MM/DD/YYYY) _____

You must enter a minimum of one, but no more than four, projected retirement date(s). The date(s) entered should reflect the first of the month.

Contact Information: For this section, only check one box to choose your pension projection delivery format. If you check both boxes, your projection will be sent to your email address of record.

❑ **Mailing Address of record with the AFTRA Retirement Fund**
By checking this box, I instruct the AFTRA Retirement Fund to send my pension projection to my mailing address of record with the Fund.

❑ **Email Address of record with the AFTRA Retirement Fund**
By checking this box, I instruct the AFTRA Retirement Fund to send my pension projection to my email address of record with the Fund.

Please note that if we cannot match the email address included on this request with the email address of record, your pension projection will be sent to the mailing address of record.

BENEFICIARY INFORMATION

Please note that your designated beneficiary is entitled to receive a portion of your benefit if he or she outlives you. If you are married and name someone other than your spouse as your beneficiary, we require your spouse's notarized written consent when you apply for your pension. It is important to note that the Beneficiary information included on this form is used for purposes of calculating your projected benefits.

Beneficiary Name _____

Beneficiary Relationship to Participant _____

Beneficiary Date of Birth (MM/DD/YYYY) _____

PARTICIPANT DECLARATION

You must read and complete the required fields below in order for the Fund to review and process this Pension Projection Request Form.

I,_____, understand that my actual benefit will be calculated upon submitting a pension application to commence pension payments.

Participant Signature _____ Date (MM/DD/YYYY) _____