



# DIRECTORS GUILD OF AMERICA - PRODUCER PENSION PLANS

8436 WEST THIRD STREET, SUITE 900 LOS ANGELES, CA 90048-4189  
(323) 866-2200 OUTSIDE LOS ANGELES AREA (877) 866-2200 FAX (323) 866-2372

## GENERAL INFORMATION FOR BENEFICIARY DESIGNATION

The Directors Guild of America - Producer Pension Plans pay death benefits to designated beneficiary(ies) of eligible participants. The Plan Office wants to keep your beneficiary designation up to date to ensure benefits are paid as you would like them to be.

### Choose Your Beneficiary

You should designate at least one primary beneficiary for each Plan (Supplemental Pension Plan, Basic Pension Plan). It is advisable to also designate a secondary beneficiary in the event that the primary beneficiary predeceases you or dies before all benefits are paid out. If you list more than one beneficiary for any Plan, be sure to indicate the percentage share to be paid to each.

You may choose a person, estate, organization or trust as your beneficiary. You must provide the Social Security Number and birth date for individuals. If an organization (such as a charity) is designated, provide the name, address and telephone number of the contact person or department at the organization. If a trust is designated:

- ❖ The trust must be valid under state law, or would be but for the fact there is no corpus
- ❖ The beneficiaries of the trust must be identifiable
- ❖ Provide a contact name and phone number

For each Plan, benefits will be paid to the secondary beneficiary(ies) only if all of the primary beneficiaries are deceased. For example, if you name two primary beneficiaries and one of them dies before you do, the other primary beneficiary will receive the entire benefit, and none will go to any of the secondary beneficiaries.

Under certain circumstances, the beneficiary(ies) you list may not be entitled to receive all of the death benefits, as follows:

- ❖ Your surviving spouse will automatically be your primary beneficiary if you are married at the time of death. However, benefits can be paid to someone else if your spouse signs a notarized statement rejecting the spousal benefits.
- ❖ If you have already retired from the Pension Plans, your beneficiary as shown on your retirement papers continues as the designated beneficiary. Joint and Survivor beneficiaries may not be changed. However, if you retired from the Basic Plan under a Ten Year Certain & Life option, you may change your beneficiary by submitting a separate written letter to the Pension Department; spousal consent is required to make any such change. If you have retired from the Supplemental Plan and have post retirement contributions, you may designate a different beneficiary to receive those benefits, provided your spouse has waived the right to the benefits. To change a beneficiary designation on an existing Supplemental Plan benefit being paid by Metlife, you should contact Metlife directly.

- ❖ A Qualified Domestic Relations Order (QDRO) that assigns benefits to a third party supersedes your beneficiary designation. Normally this involves a former spouse who has been granted a portion of your benefits. You should still designate a beneficiary for benefits that are not assigned by the QDRO.

## Benefit Amounts

Upon your death, benefits may be payable to your designated beneficiary(ies) from:

- ❖ The Basic Pension Plan
- ❖ The Supplemental Pension Plan

Each Plan has different benefits and eligibility requirements. At any given time you may be eligible for all, some or none of the benefits.

### The Basic Pension Plan Death Benefit

The spouse or designated beneficiary of a participant vested in the Basic Plan may be entitled to a pre-retirement death benefit. There are no death benefits payable from the Basic Plan for survivors of a non-vested participant.

If a participant has at least 120 Credited Service Months at the time of death and has not previously retired under the Basic Plan, the participant's spouse\* will receive monthly benefits for life commencing in the month following the death of the participant. The spouse\* of a participant who is vested with fewer than 120 Credited Service Months is also entitled to survivor benefits, but those benefits are deferred until the first of the month following the date the participant would have turned age 65.

For non-married participants (including those married for less than 12 months) with at least 120 Credited Service Months, monthly benefits are payable to the designated beneficiary(ies) payable upon the participant's death. Those monthly benefits are payable for ten years. No death benefits are payable from the Basic plan for non-married vested participants with fewer than 120 Credited Service Months.

The amount payable depends upon the participant's total Credited Service Months, Career Average Salary, and age at death. Please refer to your Pension Booklet for a more detailed explanation of the benefits.

\* For these purposes, the participant and the legal spouse must have been married for the 12-month period immediately preceding death.

### The Supplemental Pension Plan Death Benefit

The death benefit payable from the Supplemental Plan is the participant's Individual Account Balance. If the participant is married at the time of death, the Individual Account Balance will be converted into a lifetime benefit for the participant's spouse, unless she/he elects otherwise. If the participant is not married at the time of death, benefits are payable as a lump sum to the designated beneficiary(ies).

For a full explanation of benefits, please refer to your Plan Booklet. Feel free to call the Plan Office if you have any questions.

# INSTRUCTIONS FOR BENEFICIARY DESIGNATION FORM

PLEASE NOTE: Incomplete forms will be returned.

- 1 NAME:** Print your complete legal name, last name first
- 2** Enter your **SOCIAL SECURITY NUMBER**. If you do not have a United States Social Security Number, please write "Foreign" in the space provided.
- 3 MARITAL STATUS:** Check all boxes that apply. Please provide date of marriage, divorce or spouse's death, if applicable.
- 4** Check the applicable box to indicate if you are currently receiving a monthly check from the Pension Plans
- 5 PRIMARY BENEFICIARY(IES):**

Name and address: Print the name(s) of beneficiary(ies), last name first. If beneficiary is a trust, estate or organization, also provide name and telephone number of contact person.  
Social Security Number: REQUIRED. If no United States Social Security Number, please write "Foreign" in the space provided.  
Relationship: List the beneficiary's relationship to you (Husband, Wife, Daughter, Son, Mother, Father, Friend, etc.)  
Birth Date: REQUIRED. Enter the beneficiary's birth date (month, day, year)  
Plan: For each beneficiary listed, enter one of the following:

  - ALL Beneficiary to receive all benefits (Basic and Supplemental Pension Plan death benefit)
  - B Beneficiary to receive Basic Pension Plan death benefit
  - S Beneficiary to receive Supplemental Pension Plan death benefit

If no plan is designated it will be presumed that all plans are to have the same beneficiary

% of Benefit: If listing more than one Primary Beneficiary or more than one Secondary Beneficiary, indicate the percentage each should receive. These percentages must add to 100% in each of the Primary Beneficiary section and the Secondary Beneficiary section. Enter "equal" if all beneficiaries are to receive equal shares.

If you wish to name more beneficiaries than there is room for on the form, please attach, sign and date an additional page.
- 6 SECONDARY BENEFICIARY(IES):** The Secondary Beneficiaries will be paid in the event that none of the Primary Beneficiaries survive the participant. In addition, the Secondary Beneficiaries will receive the remainder of benefits due should all of the Primary Beneficiaries die prior to the payment of all benefits. Complete this section in the same manner as the Primary Beneficiaries.
- 7 PARTICIPANT SIGNATURE:** Sign and date. This must be the signature of the participant. It cannot be signed by a spouse, attorney, business manager or anyone else other than the participant.
- 8 SPOUSAL CONSENT:** This section must be completed and notarized if the Primary Beneficiary is other than the participant's legal spouse.
- 9** Return the form with original signatures to the Plan Office. Be sure to make a copy for your records.

*If you wish to change your beneficiary designation in the future, call or write the Plan Office for a new designation form. This form is also available at [www.dga.org](http://www.dga.org) in the FORMS section of PENSION AND HEALTH*





**Beneficiary Designation Form -- For Pension Death Benefits**

Instructions For This Form Are On The Reverse

Participant Name (Last, First, MI)				Social Security #:      --      --	
Marital Status – Check as many as apply	<input type="checkbox"/> Single	<input type="checkbox"/> Married Date: _____	<input type="checkbox"/> Divorced Date: _____	<input type="checkbox"/> Widowed Date: _____	
Are you currently receiving a pension from the DGA-Producer Pension Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Please Print

<b>PRIMARY BENEFICIARY(IES) IN EQUAL SHARES OR AS DESIGNATED BELOW</b>					
NAME (Last, First, MI) and Address	Social Security #	Relationship	Birth Date	Plan	% of Benefit

<b>SECONDARY BENEFICIARY(IES) IN EQUAL SHARES OR AS DESIGNATED BELOW</b>					
NAME (Last, First, MI) and Address	Social Security #	Relationship	Birth Date	Plan	% of Benefit

I appoint the above as beneficiaries under the Directors Guild of America - Producer Pension Plans. I understand that completion of this form revokes any prior beneficiary designations I may have made.

\_\_\_\_\_  
 (Participant's signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Telephone number)

<b>Spousal Consent -- REQUIRED IF LEGAL SPOUSE IS NOT THE SOLE PRIMARY BENEFICIARY MUST BE NOTARIZED</b>	
I, _____, am the spouse of _____, <small>(Name of Spouse)</small> <span style="float:right"><small>(Name of Participant)</small></span>	
and hereby consent to the appointment of the above-mentioned person(s) or entity(ies) as primary beneficiary(ies) of death benefits payable under the Directors Guild of America - Producer Pension Plans.	
_____ <small>(Spouse's Signature)</small>	
State of _____, County of _____. On _____ before me,	
_____, personally appeared _____ <small>(Name, Title of Officer -- e.g., "Jane Doe, Notary Public")</small>	<small>(Name of Signer)</small>
<input type="checkbox"/> Personally known to me -OR- <input type="checkbox"/> Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her/their authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.	
WITNESS my hand and official seal _____	