


BENEFICIARY DESIGNATION FORM

Please complete and return this form **via the  online benefits portal** (To register, have your Plan ID number ready and visit dgaplans.org/myPHP.), mail to **DGA-Producer Pension Plan, 5055 Wilshire Blvd, Ste. 600, Los Angeles, CA 90036**, fax to **(323) 866-2372** or email to **pension@dgaplans.org**.

Important Information

There are two classes of beneficiaries: primary beneficiaries and contingent beneficiaries. In the event of your death, your primary beneficiaries will receive their designated percentage of benefits. Your contingent beneficiaries, however, will only receive a designated percentage of benefits if there are no other surviving primary beneficiaries.

If you want to name more than one beneficiary, be sure to specify the percentage of benefits that each beneficiary should receive. The total percentage for each beneficiary class should equal 100%. If percentages are left blank, benefits will be divided equally among the surviving beneficiaries in each respective class.

In the case that one of several beneficiaries should become deceased, his or her share will be allocated among the surviving beneficiaries of his or her respective beneficiary class.

If you are a married participant, spousal consent is required if your spouse will **not** be your sole primary beneficiary. Your spouse must complete and notarize page 3 before this form will be in effect.

Please review your designated beneficiaries periodically and update them as needed (especially after significant life events, such as a divorce or birth of a child). This Beneficiary Designation Form will remain effective until you file a new Beneficiary Designation Form. If you submit more than one Beneficiary Designation Form, the Beneficiary Designation Form with the latest date of execution shall supersede all prior Beneficiary Designation Forms and benefits will be paid accordingly.

If you have any questions or need assistance completing the Beneficiary Designation Form, you can contact the Pension Department at (877) 866-2200, Ext. 404.

1. Provide your information.	
Participant Name	Plan ID #
Date of Birth	Last 4 Digits of SSN
<p>Marital Status (check all that apply):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> I am single and have never been married.</p> <p><input type="checkbox"/> I am married or re-married. Date of marriage: _____ Attach a copy of your marriage certificate.</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> I am or have been divorced. Date of divorce: _____ Attach a copy of your divorce decree(s). (Required)</p> <p><input type="checkbox"/> I am or have been a widow/widower. Attach a copy of your late spouse's death certificate.</p> </div> </div>	
2. Select the applicable Pension Plan(s).	
<p>You may check the first box even if you are currently not vested in one or both pension plans; this form will apply if and when you do become vested.</p>	<p>Check the Pension Plan(s) that this beneficiary designation applies to:</p> <p><input type="checkbox"/> Both the Basic Pension Plan and Supplemental Pension Plan</p> <p><input type="checkbox"/> Only the Basic Pension Plan</p> <p><input type="checkbox"/> Only the Supplemental Pension Plan</p>

You may designate your spouse, a non-spouse (such as children, parents, siblings, etc.), a trust, or an organization (such as a charity) as your beneficiary.

There are special instructions for the following beneficiary types:

- **Trust:** provide the name of the trust, date of the trust, and a trustee's contact information
- **Organization:** provide the organization's name, address, and telephone number of the contact person

3. Designate your PRIMARY beneficiary(ies).

Name	Date of Birth	Last 4 Digits of SSN	Relationship
Address		Telephone Number	Designated %
Name	Date of Birth	Last 4 Digits of SSN	Relationship
Address		Telephone Number	Designated %
Name	Date of Birth	Last 4 Digits of SSN	Relationship
Address		Telephone Number	Designated %

4. Designate your CONTINGENT beneficiary(ies). (Optional)

Name	Date of Birth	Last 4 Digits of SSN	Relationship
Address		Telephone Number	Designated %
Name	Date of Birth	Last 4 Digits of SSN	Relationship
Address		Telephone Number	Designated %
Name	Date of Birth	Last 4 Digits of SSN	Relationship
Address		Telephone Number	Designated %

To designate additional beneficiaries, attach a signed letter with their information.

5. Sign and date below.

- I appoint the above-mentioned beneficiaries under the DGA-Producer Pension Plans.
- I understand that completion of this form revokes any prior beneficiary designations.

Participant Signature

Date: _____

Telephone number: _____ Email: _____

BENEFICIARY DESIGNATION FORM: NOTARIZED SPOUSAL CONSENT

This page cannot be faxed or emailed; the original must be returned to **DGA–Producer Pension Plans, 5055 Wilshire Blvd, Ste. 600, Los Angeles, CA 90036.**

This page is required if your spouse is NOT the sole primary beneficiary.

This spousal consent must be notarized by a notary public or an authorized Pension Plans representative.

I, _____, am the spouse of _____
(Name of Spouse) (Name of Participant)

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 DGA-Producer Pension Plans.

FOR _____ Date: _____
Spouse's Signature

NOTARY USE:

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ }
County of _____ }

On _____ before me, _____
Date Here Insert Name and Title of the Officer

personally appeared _____
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public
or Plans' Representative

Place Notary Seal Above