

INSTRUCTIONS FOR COMPLETING THE SUPPLEMENTAL PLAN – ADDITIONAL DISTRIBUTION REQUEST FORM

Use the Supplemental Plan – Additional Distribution Request Form to request a Supplemental Plan Distribution Application only if you have previously received or are currently receiving distributions from the Supplemental Plan.

DISTRIBUTION INFORMATION

Your additional distribution options include a partial distribution, an annuity purchase(s), or a full lump sum.

- If you plan on taking a **partial distribution** only, please check “partial distribution” and complete part A.
- If you plan on purchasing an **annuity** only, please check “annuity” and complete Part B1 if you are interested in the MetLife Guaranteed Income Program and/or Part B2 if you are interested in the MetLife Qualified Longevity Annuity Contract.
- If you plan on taking a **full lump sum** only (*i.e.*, a distribution of your entire Supplemental Plan account balance), you can skip Parts A, B1, and B2.
- If you plan on taking a **partial distribution** and purchasing an **annuity**, please check both “partial distribution” and “annuity.” Complete Part A for the partial distribution and Part B1 if you are interested in the MetLife Guaranteed Income Program and/or Part B2 if you are interested in the MetLife Qualified Longevity Annuity Contract.

The effective date is the date on which your completed Supplemental Plan Distribution Application will be processed and must be the first of a month. Your completed application must be returned to the Pension Plans by the last day of the month prior to your effective date for payment on or around the 15th of the month.

PARTICIPANT INFORMATION

Please complete all applicable fields in this section.

PART A) PARTIAL DISTRIBUTION

Your partial distribution options include a one-time, monthly, quarterly, or semi-annual distribution. Please indicate the requested amount next to your partial distribution option (subject to distribution minimums).

PART B1) ANNUITY OPTION 1: METLIFE GUARANTEED INCOME PROGRAM

The MetLife Guaranteed Income Program is an immediate annuity product that provides a monthly benefit for your lifetime (and your joint annuitant's lifetime, if applicable). The joint annuitant can be a spouse or non-spouse. You will begin receiving your monthly benefits as of the effective date of your annuity purchase. The maximum issue age is 85.

PART B2) ANNUITY OPTION 2: METLIFE QUALIFIED LONGEVITY ANNUITY CONTRACT

The MetLife Qualified Longevity Annuity Contract is a deferred annuity product that provides a monthly benefit that starts later in life, which translates into higher monthly benefit payments once they begin. The monthly benefit will last for your lifetime (and your joint annuitant's lifetime, if applicable). The joint annuitant must be your legal spouse.

The portion of your Supplemental Plan account balance that is used to purchase a QLAC will be excluded from the account balance used to determine your Required Minimum Distribution once you reach your Required Beginning Date. You must defer your annuity payment start date by at least 13 months from the effective date of your annuity purchase and be at least age 70 to begin your annuity payments. The maximum issue age and maximum deferral age is before 85.

Note About Annuity Purchases

If you elect to purchase an annuity, a representative from MetLife will contact you to complete their application (in addition to completing the Pension Plans' Annuity Application).

All monthly benefits and survivor benefits, if any, are paid directly by MetLife. The amount is based on the amount of your Supplemental Plan account used to purchase the annuity, your age, your joint annuitant's age and the annuity rates provided by MetLife at the time the application is prepared.

Exact quotes may vary at the time the annuity is purchased. You may elect to purchase multiple annuity products using the available funds from your Supplemental Plan account through the Pension Plans at any time (subject to MetLife restrictions).



SUPPLEMENTAL PLAN – ADDITIONAL DISTRIBUTION REQUEST FORM

Return this form via the **myPHP** online benefits portal (For more information about the portal or to register, visit dgaplans.org/about-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**. The Pension Plans must receive a written request for an application at least 30 days prior to the effective date of your distribution. (An effective date must be the first of a month.)

DISTRIBUTION INFORMATION

- Option(s) Requested:
- ☐ Partial Distribution (Complete Part A below.)
 - ☐ Annuity (Complete Part B1 and/or B2 below.)
 - ☐ Full Lump Sum

Effective Date: _____

PARTICIPANT INFORMATION

Participant's Name: _____

Plan ID: _____ Marital Status: ☐ Single ☐ Married

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Spouse's Name (if applicable): _____

Last Four Digits of Spouse's SSN: _____ Spouse's DOB: _____

PART A) PARTIAL DISTRIBUTION

- a. One-Time \$_____ Minimum of \$5,000 ☐ Net. No more than one payment per calendar quarter.
- b. Monthly \$_____ Minimum of \$2,000 ☐ Net. May be changed once per calendar year.
- c. Quarterly \$_____ Minimum of \$5,000 ☐ Net. Payable January 15, April 15, July 15, October 15.
- d. Semi-annual \$_____ Minimum of \$5,000 ☐ Net. No more than one payment per calendar quarter payable on the 15th of _____ and _____.
Month Month

PART B1) ANNUITY OPTION 1: METLIFE GUARANTEED INCOME PROGRAM

Purchase Amount: _____ dollars or _____% of my account balance

Minimum purchase amount: \$5,000 | Maximum purchase amount: none

PART B2) ANNUITY OPTION 2: METLIFE QUALIFIED LONGEVITY ANNUITY CONTRACT

Payment Start Date: _____ (must be at least 13 months from effective date)

Purchase Amount: _____ dollars or _____% of my account balance

Minimum purchase amount: \$10,000 | Maximum purchase amount: \$200,000

PARTICIPANT SIGNATURE

Participant Signature: _____ Date: _____