



ELECTRONIC FUNDS TRANSFER (“EFT”) AUTHORIZATION

SECTION 1 PARTICIPANT INFORMATION

FIRST NAME LAST NAME SOCIAL SECURITY NUMBER OR UNIQUE IDENTIFIER

| | | |
|--|--|--|
| | | |
|--|--|--|

PARTICIPANT NAME, IF DIFFERENT THAN ABOVE

| |
|--|
| |
|--|

Your monthly retirement benefit check can be electronically transferred to your account at your Bank or other Financial Institution. To initiate this process, please provide the information requested and then return this completed form to the address below. You may contact your Financial Institution or Bank for help completing Section 2.

Your EFT may take up to 60 days to process. Please note that your payment will be mailed to the address on record with the Plan until your EFT is effective.

SECTION 2 FINANCIAL INSTITUTION/BANK INFORMATION

NAME ON ACCOUNT

| |
|--|
| |
|--|

FOR A **TRUST** ACCOUNT, PLEASE COMPLETE THE FUNDS TRANSFER FORM ON THE NEXT PAGE.

TBA (ROUTING) NUMBER, ONE NUMBER PER BOX

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

ACCOUNT NUMBER

ACCOUNT TYPE

| | |
|--|---|
| | CHECK ONE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS |
|--|---|

SECTION 3 PENSIONER ACKNOWLEDGEMENT

As payment becomes due me under the Producer-Writers Guild of America Pension Plan, I authorize that payment be made by Electronic Transfer by the Plan, to the order of the above Financial Institution for credit to the account held in my name as specified above. I agree to periodically furnish evidence of my survival. I have authorized said Financial Institution to refund to the Producer-Writers Guild of America Pension Plan an amount equal to any payments which, after my death, have been credited to my account and if applicable, to charge my account accordingly.

PENSIONER OR PAYEE’S SIGNATURE

DATE

| | |
|-----------|--|
| SIGN HERE | |
|-----------|--|

FUNDS TRANSFER FORM

This form is to be completed if you have entered into an arrangement to direct the Plan to pay plan benefit payments to a third party (including a Trust). You must obtain an acknowledgement from the third party and file it with the Administrative Office no later than 90 days after you authorize Electronic Funds Transfers to the account of the individual or third party named in Section 2. If the acknowledgement is not received before the 90-day deadline, benefit payments will be issued directly to you. You can revoke the arrangement at any time.

SECTION 1 PENSIONER INFORMATION

| | |
|----------------------|--|
| NAME | SOCIAL SECURITY NUMBER OR UNIQUE IDENTIFIER |
| <input type="text"/> | <input type="text"/> |

SECTION 2 THIRD PARTY INFORMATION

| | | |
|--|----------------------|-----------------------|
| NAME OF INDIVIDUAL AND/OR ENTITY, IF APPLICABLE | | |
| <input type="text"/> | | |
| STREET ADDRESS | | |
| <input type="text"/> | | |
| CITY | STATE | POSTAL CODE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| TELEPHONE NUMBER | FAX NUMBER | E-MAIL ADDRESS |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION 3 PENSIONER ACKNOWLEDGEMENT

I hereby acknowledge that I have directed the Plan to pay all or a portion of plan benefit payments to the individual or the representative of the third party named above. I may revoke this arrangement at any time by notifying the Plan but without giving notice to the representative of the third party. I recognize that the third party has no enforceable right in, or to, any plan benefit payment or portion of any plan benefit payment (except to the extent of payments actually received under the terms of the arrangement).

| | |
|--|----------------------|
| PENSIONER OR PAYEE'S SIGNATURE | DATE |
| <input type="text" value="SIGN HERE"/> | <input type="text"/> |

SECTION 4 THIRD PARTY ACKNOWLEDGEMENT

I hereby acknowledge that the Pensioner named above has directed the Plan to pay all or a portion of plan benefit payments of the Pensioner to me as the third party named above in Section 2. The Pensioner may revoke this arrangement at any time by notifying the Plan but without giving notice to me as the third party. I recognize that as third party, I have no enforceable right in, or to, any plan benefit payment or portion of any plan benefit payment (except to the extent of payments actually received under the terms of the arrangement).

| | |
|--|----------------------|
| SIGNATURE OF THIRD PARTY | DATE |
| <input type="text" value="SIGN HERE"/> | <input type="text"/> |

When will my EFT be effective?

Your EFT may take up to 60 days to process. You will receive a check mailed to your address on record until your EFT is effective. Funds will be available on the first business day of each month. Please note that if the completed EFT request is received by the 14th of the month; your EFT will be effective on the 1st of the following month. If the completed EFT request is received after the 14th of the month; your EFT will be effective on the 1st of the second month.

Why does it take so long for my EFT to start?

There is a pre-noting period before your actual EFT will begin. During the pre-note period, transfer of \$0 is sent to your chosen account. This is done to ensure that your account will receive the future pension payments with no problems.

Once I have EFT, when will my funds be available each month?

Your funds will be available on the first business day of each month.

Will I receive any notification that the funds have transferred?

Yes. You will receive a Deposit Confirmation around the first of each month.

When would I need to fill out a new EFT form?

You will need to fill out a new EFT form when you change your bank, your account number, or any other information about the account or Bank/Financial Institution. For your convenience, you may download the EFT Authorization form from our website at www.wgaplans.org. Your EFT may take up to 60 days to process. Please note that your payment will be mailed to the address on record with the Plan until your new EFT is effective.

How do I cancel my EFT if I change my mind later on and want to receive a check?

You will need to write a letter stating that you want to cancel your EFT, and would like to receive your payment as a check. For your convenience, you may fax your letter to (818) 526-6571. Don't forget to sign and date your letter. Please note that if the cancellation of EFT letter is received by the 14th of the month, it will be effective on the 1st of the following month. If the cancellation of EFT letter is received from the 15th of the month through the end of the month, it will be effective on the 1st of the second following month.

What if my account is a Trust Account?

You will need to complete the ELECTRONIC FUNDS TRANSFER ("EFT") AUTHORIZATION and the FUNDS TRANSFER FORM. The trustee on the account also needs to sign Section 4 of the FUNDS TRANSFER FORM.