

LOCAL 591
SIGN, PICTORIAL AND
DISPLAY UNION
LOCAL 591
AFL-CIO
DISPLAY GROUP
SUPPLEMENTAL
PENSION FUND
PLAN
SUMMARY PLAN
DESCRIPTION

IMPORTANT NOTICE

SIGN, PICTORIAL AND DISPLAY LOCAL 591 AFL-CIO DISPLAY GROUP SUPPLEMENTAL PENSION FUND PLAN

(Effective May 1, 2014)

The question and answer outline of the Supplemental Pension Plan which follows describes the terms of the Plan as in effect on May 1, 2014. If you became a former participant (because you left covered employment) before that date, your rights, if any, generally are determined by the Plan in effect at the time you left covered employment. If you have any questions about your status as a participant, contact the Fund Office.

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SECTION A

WHY WE HAVE A SUPPLEMENTAL PENSION PLAN

We've provided this plan to supplement your retirement income from the Sign, Pictorial and Display Union Local No. 591 AFL-CIO Pension Fund, savings, Social Security and other sources.

We started this Plan on July 4, 1982. This booklet is the summary plan description. The Plan is much more detailed. Benefits are *governed* by the Plan. Contact the office of the Administrative Manager if you *have* any questions. The Administrative Manager's name, address and telephone number are in the back of this booklet.

SECTION B

HOW THE PLAN WORKS

B-1 Who pays for the Plan?

Your employer makes contributions to the Plan for you according to the collective bargaining agreements with your Union (Sign, Pictorial and Display Union Local No. 591, AFL-CIO).

B-2 Do you contribute also?

No.

B-3 What happens to the Plan's funds?

The Plan funds are for the exclusive benefit of members and their beneficiaries. These funds will be invested and will accumulate to provide benefits under the Plan. The Trustees invest the employer contributions made for you.

SECTION C

MEMBERSHIP IN THE PLAN

C-1 When do you become an active member?

You'll become an *active* member on the first day of the month on which you're an eligible employee. This is your "entry date."

You're an eligible employee if you're represented by the Sign, Pictorial and Display Union Local No. 591 AFL-CIO and your employer makes the required contributions under the collective bargaining agreement on your behalf to this Plan.

C-2 When do you become an inactive member?

You'll become an inactive member on the earlier of the following:

- the date you're discharged or quit; or
- the date you're no longer eligible.

But, you may remain an active member during limited military service if you comply with federal law requirements relating to military service credit.

C-3 When do you stop being a member?

You stop being a member on the date you're no longer eligible and your account is zero.

C-4 Can you become an active member again?

Yes, as soon as you again perform an hour-of-service as an eligible employee.

SECTION D

WHEN YOU MAY RETIRE

D-1 When is your normal retirement date?

Your "normal retirement date" is the first day of the month on or after the date you reach age 65 and stop working in the Trade. This is the date your benefits are paid if benefits haven't been paid on an earlier date.

D-2 May you retire before your normal retirement date?

Yes, you may choose to have your benefits paid on your early retirement date.

Your early retirement date is a date after you (a) reach age 60; and (b) stop working in the Trade. You also may retire if you retired under the Sign, Pictorial and Display Union Local No. 591 AFL-CIO Pension Fund.

SECTION E

HOW MUCH IS CONTRIBUTED TO YOUR SUPPLEMENTAL PENSION PLAN

E-1 How much is contributed?

Your Employer will make contributions for you as required under the collective bargaining agreement. You should check your collective bargaining agreement for the contribution percentage that applies to you.

E-2 Are there limits on how much my employer can contribute?

Tax law limits the amount of contributions that can be made on your behalf by a single employer or group of related employers to the lesser of \$40,000 or 100 percent of your salary. Because the limits are so high, few people should be affected unless they are covered by more than one defined contribution type plan of a single employer or group of related employers.

SECTION F

YOUR ACCOUNT AND HOW IT IS VESTED

F-1 What is your account?

Contributions made for you will be held in an "account." Your account is equal to the current value of these contributions plus earnings on those contributions.

F-2 What part of your account is yours?

The part of your account you "own," that is, the part you'll never forfeit or lose, is called your "vested account." You're vested in a percentage of your account. This percentage is your vesting percentage. Your vesting percentage is determined from the following schedule:

Years of Vesting Service	Percent Vested
Less than 3 years	0%
3 or more years	100%

In any event, your vesting percentage will be 100% on the earliest of (a) the date you meet the requirements for early retirement (see D-2), (b) the date you reach age 65, (c) the date you become totally disabled as defined in the Plan or (d) the date you die if you're still working on such date.

F-3 How is vesting service determined?

"Vesting service" is one year for each service period in which you have 435 or more hours-of-service. A service period is a one-year period ending on April 30. An "hour-of-service" is each hour you're paid. This includes paid periods of non-working time, if any. But, *service* before July 4, 1982 does not count.

A "one-year break-in-service" is a *service* period during which you *have* less than 435 hours-of-service. A break-in-service will be delayed according to Federal law for pregnancy, birth of a child, placement of a child for adoption, or caring for such child following birth or placement. You also will not suffer a break in *service* while taking a *leave* of absence authorized by the Family Medical Leave Act. If you enter *covered* military *service*, you will *receive* credit for that *service* if you comply with the requirements for receiving military *service* credit under federal law.

F-4 When does a forfeiture occur?

If you're not 100% *vested* when a forfeiture date occurs, your account will be forfeited. A forfeiture date occurs on the last day of *five* consecutive one-year breaks-in-service (see F-3). This is the date on which your account will be forfeited unless an earlier forfeiture occurs as provided below.

- If you stop working before your *vesting* percentage is 100% **and die** before a forfeiture date, your account will be forfeited.
- If you stop working before your *vesting* percentage is 100%, your account will be forfeited on the forfeiture date as described above. *However*, your account will not be forfeited if you come back to work as an eligible employee (see C-1) before the forfeiture date occurs.

F-5 What happens to your forfeited account?

Any forfeitures will be allocated to *active* members on the last day of the Plan Year based on the ratio that the employer contributions for each *active* member on the last day of the Plan Year bears to the total employer contributions for all such *active* members.

SECTION G

WHEN ARE BENEFITS PAID

Your *vested* account will be used to provide benefits. When those benefits are provided is described here.

G-1 Are benefits paid at retirement?

On your retirement date, your *vested* account will be paid to you under one of the forms available under the Plan (see Section H). If you die, your *vested* account will be paid to your spouse or beneficiary under one of the forms available under the Plan (see Section H). If you die while still working, your vesting percentage is 100%, and your *vested* account is equal to your total account. If you stop working, *leave* your *vested* account in the Plan, and then you die, your death does not change the vesting percentage which became frozen when you stopped working.

G-2 Are benefits paid if you die after your vested account is paid to you?

Death benefits will be paid according to the form you chose (see Section H). Not all forms *have* death benefits.

G-3 Are benefits paid if you become an inactive member?

You become an inactive member after no employer contributions were made on your behalf in a Plan Year. If your *vested* account is more than \$5,000, you may choose to *have* your *vested* account paid under one of the forms available under the Plan (see Section H) after your employment ends following 24 months during which no employer contributions were made or required on your behalf. If you're married, Federal law requires that you must *have* your spouse's consent and approval for all but one of the benefit payment forms (see Section H).

However, if you're totally disabled as defined in the Plan, you may have your vested account paid under one of the forms after you stop working without the 24-month restriction being applied. If your vested account is not paid to you under one of the above options, it will be held for you under the Plan. It will continue to share in Plan expenses, charges and investment gains and losses and will be used to provide benefits at retirement or death.

SECTION H

HOW ARE BENEFITS PAID

Your vested account will be paid under one of the optional forms available under the Plan. The amount of the payments will depend on the amount of your vested account, your age, the age of your survivor and the optional form chosen. If you're credited with an hour-of-service or paid leave, if any, on or after August 23, 1984, benefits will be paid as provided in this section.

H-1 How are retirement benefits paid?

If you don't make a choice (or you cancel your choice or your spouse's consent is revoked) retirement benefits will be paid as provided below.

If you aren't married, retirement benefits will be paid to you monthly for as long as you live. This is done by taking your account balance and buying an annuity contract for you from a commercial insurance company. If you die before receiving the entire balance of your vested account, the contract will provide that the remaining balance will be paid to your beneficiary.

If you're married, retirement benefits will be paid to you monthly for as long as you live. This, too, is done by taking your account balance and buying an annuity contract for you from a commercial insurance company. After your death, 50% of the monthly income that was payable to you under the contract will be paid to your spouse, who was your spouse at the time of your retirement, for as long as your spouse lives. However, if your vested account is \$5,000 or less, your vested account will be paid to you in a single sum.

H-2 What are the optional forms of retirement benefit?

You can elect to receive your retirement benefits under any of the following options:

(a) Your vested account paid to you in a single sum, or beginning in 2009, a partial lump sum, provided you have actually retired under the provisions of the Sign, Pictorial & Display Local No. 591 AFL-CIO Pension Fund and you perform no service for any Employer participating in the Plan.

(b) A monthly income to you for as long as you live. No benefits are payable after your death.

(c) A monthly income to you for as long as you live. After your death, 50% of your monthly income will be paid to your spouse, who was your spouse at the time of your retirement, for as long as your spouse lives.

(d) Beginning May 1, 2008, a monthly income to you as long as you live. After your death, 75% of the monthly income will be paid to your spouse, who was your spouse at the time of retirement, for as long as your spouse lives.

The monthly payment under each form is different because of the different death benefits payable. In general, a monthly income for as long as you live with no death benefits will give you the largest monthly income. A monthly income to you with 50% or 75% of your income paid to your spouse after your death will give you the smallest monthly income. However, the actuarial value of each form is the same.

The benefits payable to you under options (b), (c) and (d) will be provided by the Fund by taking your account balance and purchasing an annuity contract from a commercial insurer that will pay benefits in the form that you elected and which will be distributed to you.

If you elect to receive your benefit in a single lump sum or a partial lump sum, you will be given the option of rolling that benefit over directly into an eligible retirement plan in a direct rollover. If you do not elect a direct rollover, tax law requires that 20 percent of your account be withheld as income taxes and paid to the Internal Revenue Service. Michigan law also may require that state tax be withheld. You should ask the Administrative Manager about any optional forms listed above.

H-3 When can you choose an optional form of retirement benefit?

You must make your choice no earlier than 90 days of the date benefits begin. You may choose any optional form of retirement benefit listed in H-2. You may change or cancel your choice at anytime before benefits begin.

If you're married, Federal law requires that you must have your spouse's consent if you choose any form other than the monthly income form with 50% or 75% continued to your spouse after your death. You may cancel a choice without your spouse's consent. However, a new choice will require new consent from your spouse. A spouse's consent may be revoked by your spouse at any time before benefits begin.

H-4 How are death benefits paid if you die before retirement?

If you don't make a choice (or you cancel your choice or your spouse's consent is revoked) death benefits will be paid as provided below. If you haven't been married for the full year **before your death**, death benefits will be paid to your beneficiary in a single sum. If you were married for a year or more, your benefits will be paid to your spouse unless you elected another beneficiary and your spouse consented to your election. However, if your vested account is \$5,000 or less, your vested account automatically will be paid to your spouse or beneficiary in a single sum provided you apply for benefits.

H-5 What are the optional forms of death benefit if you die before retirement?

The optional forms of death benefit are a single sum payment and any monthly income that is an optional form of retirement benefit for a single person. If your spouse or your beneficiary elects to receive a single sum payment, your spouse or beneficiary will be given the option of rolling that benefit over into an eligible retirement plan in a direct rollover. If your spouse or beneficiary does not elect a direct rollover, tax law requires that 20 percent of his/her account be withheld as income taxes and paid to the Internal Revenue Services. Michigan law also may require that state tax be withheld.

H-6 When can you choose your beneficiary or an optional form for death benefits before retirement?

If you're not married, you may make a choice at any time. You may change or cancel your choice at any time. If you have been married for the full year before your death, your account balance will be used to purchase an annuity contract from a commercial

insurance company to pay your spouse's death benefits unless you elect to name another beneficiary and your spouse consents to your election. Under the contract, death benefits will be paid to your spouse monthly for as long as your spouse lives. Your spouse may choose when benefits start. Benefits must start before you would have reached age 70 1/2. If your spouse dies before benefits start, your vested account will be paid to your spouse's beneficiary in a single sum. As an alternative, your surviving spouse may elect to receive your vested account in a single sum.

If you've been married for a full year, Federal law requires that you can't make a choice about who will receive your Plan death benefit before the first day of the Plan Year in which you reach age 35. Until then, death benefits must be paid as provided above to your spouse. Federal law also requires that after this date you must have your spouse's consent to change your beneficiary or the optional form of death benefit payable. If you stop working before this date, you, with consent of your spouse, may make a choice at any time for death benefits from that part of your vested account resulting from contributions made before you stopped working. Your spouse's consent is limited to a specific beneficiary. A spouse's consent shall not be valid for any other spouse. You may cancel a choice without your spouse's consent. However, a new choice will require new consent from your spouse. A spouse may revoke their consent at any time before your death. You may choose an optional form for your beneficiary.

Your spouse may choose any form of payment provided. If you haven't chosen, your beneficiary may, for his/her own benefit, choose a form of payment. Your spouse or beneficiary may make this choice at any time after your death and before benefits begin.

H-7 Can I Borrow from My Plan Account?

A. Yes, beginning March 1, 2009 you can apply for a Plan loan if your Account Balance is at least \$3,000. You cannot have more than one Plan loan outstanding at one time. You cannot get a Plan loan if you previously defaulted on a prior Plan loan. You must pay simple interest on the unpaid balance of your loan. The interest rate charged is set from time to time by the Trustees based on market rates, and the Trustees may change that rate from time to time. A Plan loan must be repaid in five years or less in level monthly installments of principal and interest. The most the Plan will ever lend to you at one time (counting all outstanding Plan loans) is the lower of 50 percent of your Account Balance or \$50,000. Plan loan payments are due on the 25th of each month and must be paid to the Fund Office. You must make all Plan loan payments on time. A payment is required monthly. A \$10.00 late fee per payment is charged if you don't. If you miss four payments, the Plan will "foreclose" on your Plan loan and reduce your Account Balance by the amount that you owe plus unpaid interest and late fees when you become eligible for a Plan distribution. The Plan is also required to report your default to the IRS, and you will be responsible to pay tax on the amount of the Plan loan default. If the Plan "forecloses" on your loan, you will be taxed on the amount that you owe. You also will be barred from getting another Plan loan. If you want to apply for a Plan loan, you should get an application and a detailed set of rules for Plan loans from the Fund Office.

You should ask the Fund Office for a copy of the Fund's Plan Loan Procedures if you are interested in applying for a loan from your Plan account.

SECTION I

YOUR RIGHTS

As a member of the Plan you have certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). The U.S. Department of Labor has developed the following statement that summarizes your rights.

As a participant in the Sign, Pictorial and Display Union Local No. 591 AFL-CIO Display Group Supplemental Pension Fund, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA).

I-1 What are your rights?

ERISA provides that all Plan participants shall be entitled to:

- Receive Information About Your Plan and Benefits
- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.
- Obtain a statement telling you whether you have a right to receive a pension at normal retirement age (age 65) and if so, what your benefits would be at normal retirement age if you stop working under the Plan now. If you do not have a right to a pension, the statement will tell you how many more years you have to work to get a right to a pension. This statement must be requested in writing and is not

required to be given more than once every twelve (12) months. The Plan must provide the statement free of charge.

I-2 Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.

No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a (pension, welfare) benefit or exercising your rights under ERISA.

I-3 Enforce Your Rights

If your claim for a pension benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

I-4 Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200

Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.

SECTION J

OTHER FACTS YOU NEED TO KNOW

J-1 Can your benefits be paid to someone else?

Benefits under the Plan cannot be transferred, assigned or pledged except for three reasons. First, the United States Treasury may place a levy on your benefits if you owe money under a federal tax lien. Second, the Plan may obtain your benefits if you are a Plan fiduciary and the Plan suffered losses because you breached your duty to the Plan. Third, your benefits can be transferred under a qualified domestic relations order.

J-2 Do your payments from this Plan affect your Social Security Benefits?

No, your benefits from this Plan are in addition to your benefits from Social Security. You make application for your Social Security (and Medicare) benefits 3 months before you wish Social Security to begin.

J-3 How do you make a claim for benefits under the Plan?

Whenever you wish to apply for Plan benefits, you should complete a Request for Application form. Copies of these forms can be obtained through the Fund Office, 30700 Telegraph Road, Suite 2400, Bingham Farms, Michigan 48025, Telephone (248) 645-6550, FAX (248) 645-6557, or your local union.

J-4 Any questions you may have can be answered by the Administrative Office.

Your Request for Application form is submitted to the Administrative Office, which calculates the amount of benefits you are entitled to under each of the optional forms and sends that information to you with a benefit application form. To allow sufficient time to process your retirement application, you should file your Request for Application form when you plan to retire. If you are married, you and your spouse may have some decisions to make regarding the form of your retirement benefit. Those decisions must, by law, be made within the ninety (90) but no less than (30) days just before your benefits begin.

In anticipation of your retirement, you should have available a copy of your birth certificate and, if you are married, a copy of your marriage certificate or license and your spouse's birth certificate. If you were previously married, you should also have a copy of all judgments of divorce with all attachments or a copy of the death certificate of your

former spouse, if applicable. Having these documents available will speed up the processing of your retirement application.

When you submit an application for benefits, the Administration Office will determine whether you are eligible and the amount of the benefit payable to you, if any. The Fund generally will decide your claim at its next regular meeting if your claim is received at least 30 days before that meeting. If it is not, the Fund generally will decide your claim at the second meeting following the date on which the Fund receives your claim. If the Fund cannot decide your claim because of special circumstances or because you have not provided all of the needed information, the Fund will notify you that it will not be deciding your claim until a later date and the date by which your claim will be decided. The notice will tell you the information that you need to supply the Fund so that it can decide your claim. You will be sent final notice of the Fund's decision on your claim within 5 days of the meeting at which the Fund's decision is made.

J-5 If My Claim Is Denied, May I Appeal?

Yes. If your application for benefits is either totally or partially denied for any reason, the Administration Office will provide you with a written explanation of why your claim was denied and what information, if any, you must supply to the Fund to complete your claim. The explanation will include the following information: (1) the specific reason or reasons why your claim was denied, (2) reference to the specific Plan provisions on which the denial was based, (3) a description of additional information, if any, required to complete your application and an explanation of why that information is necessary, (4) notice that you are entitled to *receive* on request and free of charge reasonable access to copies of all documents, records and other information *relevant* to your claim for benefits, and (5) a description of the steps which may be taken if you want to appeal the decision and describing your right to sue the Fund if you *believe* that claim was denied improperly.

If the Administration Office intends to deny your claim, the Fund Office will generally contact you before you are sent final notice that your claim is denied. You may, but are not required to ask the Administration Office to informally reconsider its decision on your claim before you *receive* final notice of your claim's denial if you think that the Administration Office has made a mistake. The Administration Office, at that time, may ask you to provide additional information which might assist in the reevaluation of your claim.

If you still do not agree with the action taken on your claim, you *have* the right to appeal to the Trustees for further *review* as follows:

- Within 60 days after you *have received* final notice denying your claim, notify the Administration Office, in writing, that you want your claim reviewed by the Trustees.

- Your written request for *review* or hearing should include all information regarding your claim as well as the reasons you feel that the original decision was wrong.
- As was described in the final denial notice, the Administration Office will make available information from the Fund records which you reasonably *believe* might help support your claim. Copies of pertinent records regarding your claim will be provided to you at no cost upon request.
- The *review* will take into account all comments, documents, records and other information submitted by you or your representative without regard as to whether that information was submitted or considered when your claim was denied.
- If you are granted a personal hearing by the Trustees, you may appear in person or choose a representative to appear on your behalf. If you are not granted, or do not wish to make a personal appearance before the Trustees, the Administration Office Manager will present your written statement and other pertinent information.
- The Trustees or a Committee appointed by them and authorized to act in their behalf will act on your request for review and will notify you of their decision. The appeal will be presented to the Trustees, or a designated subcommittee, at their next regular meeting.
- You will be informed in writing of their decision. You will receive notice of the decision in writing, including the reasons for the decision and references to the specific Plan provisions on which the decision is based. You will also be provided with notice about your right to reasonable access to review and obtain free of charge copies of all documents, records and other information relevant to your claim for benefits and an explanation of the Fund's remaining voluntary appeal procedures and your right to sue the Fund if you still believe that your claim was denied improperly.
- You may, at your own expense, have legal representation at any stage of these procedures but you may not begin any legal action, including proceedings before administrative agencies, until you exhaust the Plan's internal appeal procedure.

If you have any questions about the review procedures described above, please contact the Administration Office. Address your written question to:

Sign, Pictorial & Display Union Local 591 AFL-CIO
 Display Group Supplemental Pension Fund
 30700 Telegraph Road, Suite 2400
 Bingham Farms, Michigan 48025

J-6 Can the Plan be changed or discontinued?

The Plan can be changed or terminated at any time. You will be notified of any changes that affect your benefits. If the Plan is terminated, your account will be 100% vested and non-forfeitable. Your account will be held under the Plan, continue to accrue investment earnings, and be used to provide a benefit upon your death, retirement or termination.

J-7 What happens if the Plan is terminated?

If the Plan is terminated, your account will be 100% vested and non-forfeitable. Your account will be held under the Plan, continue to accrue investment earnings, and be used to provide a benefit upon your death, retirement or termination. Your Plan benefits are not insured by the Pension Benefit Guaranty Corporation because defined contribution plans, like this Plan, are not covered by Pension Benefit Guaranty Corporation insurance.

J-8 If I Divorce Or Am Legally Separated, Will My Former Spouse Or My Dependents Be Entitled To Any Of My Pension Benefits?

Perhaps. A court may issue a Qualified Domestic Relations Order ("QDRO") which could assign a portion of your pension benefits to your spouse, former spouse, child, or other dependents. A QDRO is any order or judgment entered in your divorce or separation case that clearly identifies the Plan, the benefits assigned, and meets other requirements of federal law. A QDRO may also be an order or judgment entered to enforce your support obligations. A QDRO may, for example, assign to your former spouse a portion of your monthly benefit and/or provide for payment of surviving spouse benefits after your death.

When the order or judgment is filed with the Fund, the Fund will determine whether it is a QDRO, and if so, the portion of your benefits that have been assigned to your spouse, former spouse, child, or dependent. You will be sent a letter which will tell you whether your divorce and/or separation documents are a QDRO.

If you get divorced, you should supply a copy of your divorce judgment, and any QDRO included with that judgment, to the Administration Office. The judgment and order will be reviewed to determine whether it satisfies the legal rules so that the Fund can recognize it as a QDRO. You will receive a letter to inform you if the order is a QDRO. If an order tries to assign a portion of your benefit but does not satisfy the legal rules for QDRO's, the Fund will notify you and the QDRO's beneficiary of the changes that must be made to the order so that the Fund can recognize it as a QDRO. If you apply for Fund benefits during this time, the Fund must hold back from your benefit payments at least the amount that could be paid under the QDRO after it has been modified to meet the legal rules for QDRO's. If an order that assigns Fund benefits but does not satisfy the rules for QDRO's is not fixed to meet those rules within eighteen (18) months of the time you

applied for and are eligible to receive benefits, the Fund can pay you entire benefit to you notwithstanding the fact that the QDRO has not been fixed to satisfy the legal rules applicable to QDRO'S.

MORE IMPORTANT INFORMATION

Plan Sponsor

The Plan's Sponsor is the Board of Trustees. The Plan is maintained under the terms of the collective bargaining agreements negotiated by the Union with participating employers. If an employer is not a party to a written agreement, the employer has no legal obligations to contribute on your behalf.

If you ask for it in writing, you'll get information as to whether a particular employer is a sponsor of this Plan, and if the employer is a Plan sponsor, the sponsor's address.

Name of Plan

SIGN, PICTORIAL AND DISPLAY UNION
LOCAL 591 AFL-CIO DISPLAY GROUP
SUPPLEMENTAL PENSION FUND PLAN

Type of Plan

Defined Contribution

The Plan is designed to provide you with a single sum payment or a monthly income when you retire which is based on the amount of employer contributions made on your behalf. Such employer contributions, plus investment income and fewer expenses are credited to an individual account on your behalf.

Type of Administration

The Board of Trustees is the Plan Administrator.

Although the Trustees are legally designated as the Plan Administrator, they have delegated many of the day-to-day functions to a professional administrative manager, TIC International Corporation. TIC maintains the eligibility records, accounts for employer contributions, processes claims, keeps members informed about Plan changes, files government reports, and performs other routine activities for the Trustees.

Employer Identification Number

382256143

Plan Year

May 1st through April 30th

Funding Method

Employer contributions and investment earnings are held in trust and invested to pay for participant benefits and the expenses of administering the Plan.

Plan Sponsor Plan Number Assigned by Plan Sponsor

PN: 001

Agent for Legal Process of the Plan

Legal Process may be served on the Plan attorney:

John J. Bobrowski
Legghio&Israel, P.C.
306 South Washington, Suite 600
Royal Oak, Michigan 48067

Legal Process may also be served on the Fund's Administrative Manager:

Sign, Pictorial & Display Union Local 591 AFL-CIO
Display Group Supplemental Pension Fund
30700 Telegraph Road, Suite 2400
Bingham Farms, Michigan 48025

Service of legal process may also be made on a Plan Trustee.

Plan Administrator

The Board of Trustees is the Plan Administrator for purposes of ERISA, the federal law that regulates private employee benefit plans.

Union Trustees

Gregg Yaskanin, Secretary
Robert Gonzalez
Local 591
14587 Barber Avenue
Warren, Michigan 48088-6002

Employer Trustees

Kurt Berry, Chairman
George P. Johnson Company
3600 Giddings Road
Auburn Hills, Michigan 48326

Ron Gasparatto
EWI Worldwide
3211 Merriman
Livonia, MI 48150

Administrative Manager

TIC International Corporation
30700 Telegraph Road
Suite 2400
Bingham Farms, Michigan