Equity-League 401(k) Trust Fund
BENEFICIARY DESIGNATION/CHANGE

PARTICIPANT INFORMATION:

Name: _____ _____ _____
First Name Middle Name Last Name

Social Security No: _____

BENEFICIARY DESIGNATION (This designation will replace any prior designation(s) already made)

Primary Beneficiary: (Check either box 1 or 2)

1. ☐ **Spouse Primary Beneficiary:** I would like my spouse to receive my entire account balance at my death.

   Spouse's name: _____

2. ☐ **Non-Spouse Primary Beneficiary:** I would like the following person(s) to receive my account balance upon my death: (If division is other than equal shares, write in percentages.)

Name	**Relationship**	**Social Security #**	**Percent**
Name	**Relationship**	**Social Security #**	**Percent**
Name	**Relationship**	**Social Security #**	**Percent**

***If you are married and you have not elected your spouse as primary beneficiary, please have your spouse provide Consent below.**

***SPOUSAL CONSENT:** I, as the spouse, understand that I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above.

_____ _____/_____/_____
Spouse's Signature Date

_____ _____/_____/_____
Notary Public Signature Date Date Commission Expires

Secondary Beneficiary (optional): If no Primary Beneficiary listed above is alive at my death, the following person(s) should receive my account balance at my death: (If division is other than equal shares, write in percentages.)

Name	**Relationship**	**Social Security #**	**Percent**
Name	**Relationship**	**Social Security #**	**Percent**

SIGNATURE

_____ _____/_____/_____
Participant Date

PLEASE MAIL THE COMPLETED BENEFICIARY FORM TO:
EQUITY-LEAGUE RETIREMENT SERVICES DEPARTMENT, 165 W 46 ST., 14TH FL. NEW YORK, NY 10036.

This beneficiary form is for the 401(k) Trust Fund ONLY. To designate a beneficiary for the Equity-League Pension Fund, please contact the Retirement Services Department within the Fund Office at (212) 869 9380, or if outside NYC (800) 344-5220.