

**PLEASE MAIL THE COMPLETED BENEFICIARY FORM TO:  
EQUITY-LEAGUE PENSION TRUST FUND, 165 W 46 ST, NEW YORK, NY 10036.**

**Equity-League Pension Trust Fund Beneficiary Designation Form**

\*Please print all information\*

***Participant Information***

*Professional Name*

*As Listed with Actors' Equity:* \_\_\_\_\_  
Last First Middle

*Legal Name:*

\_\_\_\_\_ Last First Middle

*Social Security Number:*

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_  
Month Day Year

*Check appropriate box:*  *Male*  *Female*

To the Board of Trustees: I hereby revoke any previous designation of Beneficiary and designate as my Beneficiary to receive any benefits that may be payable under the Pension Plan of the Equity-League Pension Trust Fund in the event of my death, the following:

***Beneficiary Designation (This designation supersedes any prior designation currently on file)***

I designate the following person as my Primary Beneficiary:

**PRIMARY Beneficiary's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**If you are married and have not elected your spouse as your primary beneficiary, your spouse will have to provide written consent and complete a Pre-Retirement Spousal Rejection Form.**

I designate the following person as my Alternate Beneficiary to receive my benefits in the event that one of the following events occur:

1. the above-named Primary Beneficiary predeceases me;
2. the Primary Beneficiary dies after me, but before all death benefit payments payable upon my behalf under the plan have been made; or
3. the Fund determines that such Primary Beneficiary is not entitled to receive my death benefits.

**ALTERNATE Beneficiary's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

I understand that no Beneficiary has the right to name an additional beneficiary or to have the benefits passed to his or her estate.

I reserve the right to revoke and change this designation at any time by written notice provided by the Trustees and submitted to the Retirement Services Department within the Fund Office.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date