

EQUITY-LEAGUE PENSION FUND

165 West 46th Street (14th Floor)
New York, N.Y. 10036-2582
(212) 869-9380 or (800) 344-5220 FAX (212) 869-1824

PENSION APPLICATION

Professional Name

As Listed with Actors' Equity: _____
Last First Middle

Legal Name: _____
Last First Middle

Address: _____
Number Street or Avenue

City State Zip Code

Phone No. and Area Code Email Address

Social Security Number Date of Birth: Month Day Year

Are you a US Citizen? Yes No If No is checked: Citizen of: _____

List below other names, if any, you have used in the legitimate theatre:

Date you first joined Actors' Equity Association: _____

Did you ever suspend your membership in Actors' Equity Association? Yes No

If yes, during what periods of time: From: _____ *To:* _____

Check appropriate box: Male Female

*Please refer to the list on the next page for instructions on documentation of proof of age.
Without adequate proof of age, your application cannot be processed.*

I am submitting as proof of my age the following: _____

Are you currently working for an employer who is required to contribute to the Equity-League Pension Fund on your behalf? * Yes No

** If you are younger than age 62, you cannot begin your pension while employed by an employer that contributes to the Pension Fund.*

Type of Pension for which I am applying (check one) after reviewing the Summary Plan Description:

- Regular Pension
- Early Retirement Pension
- Disability Pension

If you are applying for a Disability Pension, please provide a copy of your Social Security Disability award letter.

Proof of Age:

In order to be eligible for Equity-League retirement benefits, you are required to provide proof of your age. The following is a list of the documents which are acceptable as proof of birth. Some of these documents are better proof than others. **This list is arranged starting with the best type of proof.** You are required to furnish the best type of proof which is available. Additional proof of your birth may be required if the document which you submit is not sufficient. **Photocopies of your proof are acceptable.**

1. A birth certificate.
2. Passport.
3. A baptismal certificate or a statement as to the date of birth shown by a church record certified by the custodian of such records.
4. Notification of registration of birth in a public registry of vital statistics.
5. Naturalization record (original only).
6. Immigration papers (original only).
7. Military record.
8. Marriage records showing date of birth, certified by the custodian of such records.

A DRIVER'S LICENSE WILL NOT BE ACCEPTED AS PROOF.

****If your PRESENT legal name is not the same as your birth name, submit any and all authenticated documents, regarding your name change(s) (e.g. marriage license, divorce papers, legal name change document).***

****EXAMPLE: Born Jones (birth record), now Smith (marriage certificate).***

ELECTION OF BENEFIT PAYMENT FORM

I have read the Important Information About Your Pension, and I understand the financial effect of choosing an optional payment form. I understand that if I am married and elect the Single Life Annuity Form of Payment my spouse will receive no benefits upon my death unless he or she is designated as my beneficiary under the Single Life Annuity form of payment and I die before receiving 60 monthly payments. I understand that unless I affirmatively elect otherwise, my pension will be paid as a 50% Spouse's Pension if I am married, and if I am unmarried my pension will be paid as a Single Life Annuity. I believe that I have sufficient information to permit me to make an election regarding the distribution of my benefits.

Check One:

- I hereby swear/affirm that I am not legally married at this time.
- I hereby swear that I am unable to locate my spouse.
Please contact the Fund Office for additional documentation that must accompany this selection.
- I hereby swear/affirm that I am married.

PART I – FOR MARRIED PARTICIPANTS:

Check A or B below.

If you check A, indicate which Spouse's Pension you are electing.

If you check B, elect one of the optional forms of benefit payment in Part II below, and submit the signed and notarized Spouse's Consent form with your application.

- A.** I do wish to receive my pension benefits in the form of a Spouse's Pension.
- 50% Spouse's Pension
 - 75% Spouse's Pension
 - 100% Spouse's Pension

Spouse's Name: _____
(Last) (First) (Middle)

Date of Birth: _____

Attach a copy of your marriage certificate and proof of your spouse's age (see the list on page two entitled "Proof of Age" for the proper documentation).

- B.** I do not wish to receive my pension benefits in the form of a Spouse's Pension but choose instead to receive payment in the optional form indicated in Part II below.

I hereby waive my right to receive benefits in the form of a Spouse's Pension and have attached a consent form to this election completed by my spouse.

PART II: FOR SINGLE PARTICIPANTS OR MARRIED PARTICIPANTS WHO HAVE WAIVED THE SPOUSE'S PENSION:

I elect to receive my pension benefit in the following form:

- Single Life Annuity (with 60-payment guarantee)
- 50% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity

If you elected the Single Life Annuity, please complete the following section identifying your beneficiary for the 60-payment guarantee:

I designate the following individual as my primary beneficiary for the 60-payment guarantee:

Primary Beneficiary's Name: _____
(Last) (First) (Middle)

Primary Beneficiary's Address: _____

(City) (State) (Zip Code)

Primary Beneficiary's Social Security Number: _____

I designate the following person as my Alternate Beneficiary to receive my benefits under the Single Life Annuity Option 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)

Alternate Beneficiary's Address: _____

(City) (State) (Zip Code)

Alternate Beneficiary's Social Security Number: _____

If you elected the Joint & Survivor Annuity, please complete the section below:

I designate the following individual as my beneficiary for the Joint & Survivor Annuity Option:

Beneficiary's Name: _____
(Last) (First) (Middle)

Beneficiary's Address: _____

(City) (State) (Zip Code)

Beneficiary's Social Security Number: _____

Beneficiary's Date of Birth:* _____

* Please also attach a copy of the beneficiary's proof of age (see the list on page two entitled "Proof of Age" for the proper documentation).

SIGNATURE

NOTE: You have 30 days following receipt of this application to consider the decision to elect a benefit form. You may, at any time prior to the effective date of your pension, change or revoke your election by filing written notice (with spousal consent, if applicable) with the Board of Trustees. If you file this election more than 180 days before the effective date of your pension, the application must be re-filed not more than 180 days before the effective date of your pension.

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR A REPRESENTATIVE OF THE PLAN DESIGNATED BY THE TRUSTEES.

By signing my name below I hereby certify and swear/affirm under penalty of perjury that:

- (1) I have completed this application and that the information given herein is to the best of my knowledge true and correct,*
- (2) If I am married and have chosen to waive the Spouse's Pension, the person consenting to this waiver in the attached consent form is my legal spouse.*
- (3) For Disability Pensions, if I am receiving a disability pension, I agree to inform the Fund Office in writing immediately if Social Security determines that I am no longer disabled.*

I understand that the Plan has the right to recover any benefits paid to me as a result of any false statements. I hereby revoke any prior election made by me with respect to my benefits under the Plan. I hereby apply to the Trustees of the Equity-League Pension Fund for the benefits to which I may be entitled, and agree to be bound by the decision of the Trustees concerning my eligibility and subsequent receipt of benefits under the Plan.

Name of Applicant (Please Print) _____

Signature: _____ Date: _____

Witnessed by a Notary Public:

State of _____)
 _____) Social Security # _____
 County of _____) Participant

On the _____ day of _____, 20____
 before me came _____, to me known and known to me to
 be the person described in and who executed the foregoing Consent and Waiver and (s)he duly
 acknowledged to me that (s)he executed the same of his/her own volition.

Witness my hand the day and year aforesaid.

 Notary Public **OR** NY Plan Representative



165 West 46th Street
New York, NY 10036-2582
Phone: (212) 869-9380 or (800) 344-5220
Fax: (212) 869-1824
Website: www.equityleague.org

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS

I hereby authorize Equity-League Pension Trust Fund, to initiate electronic credit entries, and to initiate, if necessary, by any such method, debit entries and adjustments for any credit entries in error to either my **Checking**_____ or **Savings**_____ (select one) indicated below and the depository named below, to credit and / or debit the same in such account. I have attached a voided personal check (if a checking account is to be credited) which contains account and routing information. For the savings account option, I have attached a deposit slip, which contains my account and routing information.

Bank/Depository

Name _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Transit/ABA# _____ **Account #** _____
(PLEASE CONTACT YOUR BANK FOR THIS NUMBER)

This authority is to remain in full force and effect until Equity-League Pension Trust Fund has received written notification from me of its termination in such time and in such manner as to afford Equity-League Pension Trust Fund and the Depository a reasonable opportunity to act on it.

IMPORTANT:

ATTACH VOIDED PERSONAL CHECK IF CHECKING ACCOUNT IS TO BE CREDITED.

ATTACH A DEPOSIT SLIP IF SAVINGS ACCOUNT IS TO BE CREDITED.

Name _____ **Social Security #** _____
(Please Print)

Date ____/____/____ **Daytime Telephone** _____

Signature _____

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2016

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2016.

What do I need to do? Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Future developments. The IRS has created a page on IRS.gov for information about Form W-4P and its instructions, at www.irs.gov/w4p. Information about any future developments affecting Form W-4P (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: { • You are single and have only one pension; or • You are married, have only one pension, and your spouse has no income subject to withholding; or • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. }	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return	E	_____
F	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	F	_____
G	Add lines A through F and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶ For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one source of income subject to withholding or are married and you and your spouse both have income subject to withholding and your combined income from all sources exceeds \$50,000 (\$20,000 if married), see the Multiple Pensions/More-Than-One-Income Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line G on line 2 of Form W-4P below.	G	_____

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2016

▶ For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1	Check here if you do not want any federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ▶ <input type="checkbox"/>	
2	Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You also may designate an additional dollar amount on line 3.) ▶ _____	
	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.	(Enter number of allowances.)
3	Additional amount, if any, you want withheld from each pension or annuity payment. (Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ▶ \$ _____	

Your signature ▶ _____

Date ▶ _____

Spouse's Consent

I, _____ swear/affirm that I am the legal spouse of _____
Spouse's Name Participant's Name

I hereby consent to my spouse's rejection of the Spouse's Pension. I understand that as a result, I will not be entitled to a payment from the Pension Plan after my spouse's death unless I am designated as the beneficiary of the 60-payment guarantee and my spouse dies before receiving 60 monthly payments. I further recognize that because of this rejection, if my spouse selects the Single Life Annuity, the pension paid to my spouse while he or she is living will be higher than it would be if I had the 50% survivor protection under the Spouse's Pension.

Check one:

- I consent to my spouse's selection of the **Single Life Annuity** and the designation of _____ **as beneficiary of the 60-payment guarantee.** I understand that my spouse may not change this beneficiary designation without my written consent.
- I consent to my spouse's selection of the **Single Life Annuity** and the designation of _____ **as beneficiary of the 60-payment guarantee,** and I agree that my spouse may change this beneficiary designation without my further consent. I understand that I have the right to limit consent to a specific beneficiary and I voluntarily elect to relinquish that right.
- I consent to my spouse's selection of the (check one)
 - 50% Joint and Survivor Annuity**
 - 75% Joint and Survivor Annuity**
 - 100% Joint and Survivor Annuity**

and the designation of _____ **as beneficiary of the Survivor Annuity.** I understand that my spouse may not change this beneficiary designation without my written consent.

(Date)

(Spouse's Signature)

Witnessed by a Notary Public:

State of _____)

Participant's Social Security # _____

County of _____)

On the _____ day of _____, 20____ before me came _____,

to me known and known to me to be the person described in and who executed the foregoing Consent and Waiver and (s)he duly acknowledge to me that (s)he executed the same of his/her own volition.

Witness my hand the day and year aforesaid

Notary Public

OR NY Plan Representative