

**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: \_\_\_\_\_ Spouse's email: \_\_\_\_\_

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	Email	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	Email	Relationship	Social Security #	Percent

**SIGNATURE**

\_\_\_\_\_  
 Participant                      Date

**PLEASE MAIL THE COMPLETED BENEFICIARY FORM TO:  
 EQUITY-LEAGUE RETIREMENT SERVICES DEPARTMENT, 165 W 46 ST., 14<sup>TH</sup> 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 or email pension@equityleague.org.