



EQUITY-LEAGUE BENEFIT FUNDS  
PENSION, HEALTH & 401(K)

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](http://www.equityleague.org)

For U.S. Actors working under CAEA agreements in Canada

**Pension Designation, Authorization and Direction Form**

I \_\_\_\_\_ declare that I am a resident of the United States of America  
*print name*  
and that my designated primary pension fund is the Equity-League Pension Trust Fund.

I understand that pension contributions otherwise payable to the Canadian Actors' Equity Association Registered Retirement Savings Plan will therefore be paid to the Equity-League Pension Trust Fund on my behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Permanent Address:</b>	<b>Temporary Address:</b> From -	To -
Tel:	Tel:	
Social Security No:	Email Address:	
Producing Theatre:	Name of Production:	

Please return this form by mail or fax to:

Canadian Actors' Equity Association  
44 Victoria Street, 12<sup>th</sup> Floor  
Toronto, ON M5C 3C4

Tel: (416) 867-9165 or (800) 387-1856  
Fax: (416) 867-9246