

**PLEASE MAIL THE COMPLETED BENEFICIARY FORM TO:
EQUITY-LEAGUE PENSION TRUST FUND, 165 W 46 ST, Suite 812 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)

PRIMARY

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

Address: _____

Social Security Number: _____ **Email:** _____

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: _____ **Relationship:** _____
(Last) (First) (Middle)

Address: _____

Social Security Number: _____ **Email:** _____

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