Equity-League 401(k) Trust Fund BENEFICIARY DESIGNATION/CHANGE

PARTICIPANT INFORMATION

Name:		<u></u>		
First Name	Middle Name	Last	Name	
Social Security No:				
BENEFICIARY DESIGN	NATION (This designation will	replace any prior d	lesignation(s) already	made)
	Primary Beneficiary: (Che	ck either box 1 or	· 2)	
1. Spouse Primary	Beneficiary: I would like my spo	ouse to receive my en	tire account balance at n	ny death.
Spouse's name:	Spouse's email:			
2. Non-Spouse Prima	ary Beneficiary: I would like the fordeath: (If division is other than equ			ince upon my
Name	Email		Social Security #	Percent
Name	Email	Relationship	Social Security #	Percent
Name	Email	Relationship	Social Security #	Percent
entire account balance. I consent	I, as the spouse, understand that I hat to waive that legal right in accordant dge that if I sign this form, no death	ice with the beneficia	ry designation set forth	above. I
Spouse's Signature		Date /		
		/	/	
Notary Public Signature	Date	Date Commission Expires		
	ary (optional): If <u>no Primary Be</u> account balance at my death: (If div			
Name	Email	Relationship	Social Security #	Percent
Name	Email	Relationship	Social Security #	Percent
SIGNATURE				I
Participant		/	1	

PLEASE MAIL THE COMPLETED BENEFICIARY FORM TO: EQUITY-LEAGUE BENEFIT SERVICES DEPARTMENT, 165 W 46 ST., SUITE 812, 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 Benefit Services Department within the Fund Office at (212) 869 9380, or if outside NYC (800) 344-5220 or email 401k@equityleague.org.