



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

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PRE-RETIREMENT SPOUSAL REJECTION FORM

PLEASE CHECK EITHER A OR B:

A. I DO NOT wish to receive my pension benefits in the form of a Spousal Pension.

IF YOU HAVE CHECKED BOX A, THEN YOU AND YOUR SPOUSE MUST COMPLETE THE STATEMENTS LISTED BELOW. PLEASE NOTE BOTH STATEMENTS MUST BE NOTARIZED.

B. I understand that my pension will be paid as a Spousal Pension. I understand this form of payment replaces the 60-month guarantee.

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

Please return this form to the Benefits Department within the Fund Office as soon as possible.

EMPLOYEE'S STATEMENT

I, _____, in the event of my death before my benefits are scheduled to
(Insert Name)

commence; do not wish my spouse to receive a pre-retirement pension benefit in the form of a Spousal Benefit. I understand that by rejecting this form of pension means no benefit will be paid to my spouse by the Pension Plan after my death, unless they are payable under other sections of the Plan.

I hereby swear that the person co-signing this document below is my current and legal spouse.

_____ Date _____ Employee'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 statement 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

SPOUSE'S STATEMENT

I, _____, swear that I am the legal spouse of the employee described above.
(Insert Name)

I hereby consent to my spouse's rejection of the pre-retirement Spousal Pension. I understand that as a result, I will not be paid a pension from the Equity-League Pension Plan after my spouse's death (unless death benefits are payable under another provision of the Plan).

I hereby swear that the person co-signing this document below is my current and legal spouse.

_____ Date _____ Spouse's Signature

Witnessed by a Notary Public:

State of _____) Spouse'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 statement 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