



165 West 46th Street, Suite 812
 New York, NY 10036-2582
 Phone: (212) 869-9380 or (800) 344-5220
 Fax: (212) 869-1824
 Website: www.equityleague.org

For Canadian Actors work under AEA agreements

Pension Designation Form

I _____ declare that I am Canadian and that my primary pension fund
print name
 is the Canadian Actors' Equity Association Register Retirement Savings Plan ("CAEA RRSP").

I understand by completing this form, all pension and 401(k) contributions otherwise
 owed on my behalf for the production of _____ will be paid to the Equity
print name of show
 League 401(k) Trust Fund and that I will not receive any credit for such contributions from the
 Equity-League Pension Trust Fund.

 Signature

 Date

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

Please return this form by mail or fax to:

Equity-League Pension Trust Fund
 Attn: Vincent Cinelli
 165 W 46th Street
 New York, NY 10036