



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

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 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

| | | |
|---------------------------|----------------------------------|------|
| 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:

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

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