## Equity-League 401(k) Benefit Fund 165 West 46 St., Suite 812 New York, NY 10036 (212) 869-9380 or toll free (800) 344-5220

## **DEFERRED SALARY AGREEMENT\***

Participant's Name:				
First	Middle		Last	
Address: Street	City	State	Zip	
	City	State	Zip	
Social Security No:				
Name of Show in Which Employed:				
Employer's Name:	Employer EIN:			
Effective Date: This Deferred Salary Agree	ement is effective for the first p	ayroll period starting	on and after,	
, 20				
CHECK THE BOX THAT APPLIES:				
on each pay period to the Equity-	League 401(k) Benefit Fund, t	to be deposited in my	elect to defer a minimum of 1% of standard Deferred Salary Account. I underste. Such revocation or change shall	stand
☐ I DO NOT ELECT TO HAVE O	CONTRIBUTIONS DEDUCT	TED FROM MY SAI	LARY.	
You can change the rate of your future Sa your employer. Such a change or suspension				m to
The maximum weekly compensation that c salary is above \$7,500, the salary above \$7 example, if you elect to defer 1%, and your employed under a contract where the week that amount. Please note that you may defe	7,500 may not be deferred, regar r weekly salary is \$9,000, your ly compensation limit is less th	rdless of how much h weekly deferral will b an \$7,500.00, then sa	igher your weekly salary may be. For \$75 (1% of \$7,500). If you are lary deferrals are only permitted up	or
In addition, your TOTAL YEARLY Defer this Plan and any other employer's plan Association employment contracts) are lim	combined. Salary deferrals fo	r ALL EMPLOYER		
Note that if you are 50 or older by Decem				<u>)) for</u>
<b>2024.</b> The \$7,500.00 maximum weekly co	ompensation limit does not ap	oply for such addition	<u>nal deferrals.</u>	
Any amount deferred shall be returned to the to another Plan that may cause the limit to and another plan, you should contact your to	be exceeded, contact the Fund	Office at the above ac		
Participant Signature		Date		
Employer Signature		Date		

<sup>\*</sup>NOTE This deferral form will be in effect for all shows performed under the same LORT Theatre, or under the same COST employment contract, unless a new form is submitted to the Fund Office.