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*

Parti	cipant's Name:				
	First	Middle		Last	
Add	ress:				
	Street	City	State	Zip	
Soci	al Security No:				
Nam	ne of Show in Which Employed:				
Emp	oloyer's Name:	Employer EIN			
Effe	ctive Date: This Deferred Salary Agreemen	nt is effective for the first J	payroll period starting	on and after,	
	, 20				
CHE	ECK THE BOX THAT APPLIES:				
	DEFERRED SALARY CONTRIBUTION: I elect to contribute%. You may elect to defer a minimum of 1% of salary on each pay period to the Equity-League 401(k) Benefit Fund, to be deposited in my Deferred Salary Account. I understand that I may revoke my election at any time or I may change this election at any time. Such revocation or change shall take effect as soon as practicable.				
	I DO NOT ELECT TO HAVE CON	TRIBUTIONS DEDUC	TED FROM MY SAL	ARY.	
	can change the rate of your future Salary employer. Such a change or suspension w				rm to
salar exan emp	maximum weekly compensation that country is above \$7,500, the salary above \$7,500 nple, if you elect to defer 1%, and your weekly colored under a contract where the weekly colored amount. Please note that you may defer on	may not be deferred, regardly salary is \$9,000, your ompensation limit is less that	ordless of how much his weekly deferral will be nan \$7,500.00, then sal	gher your weekly salary may be. It is \$75 (1% of \$7,500). If you are ary deferrals are only permitted up	For
this	Idition, your TOTAL YEARLY Deferred Plan and any other employer's plan compciation employment contracts) are limited	bined. Salary deferrals for	or ALL EMPLOYERS		
	that if you are 50 or older by December .				<u>0) for</u>
<u> 2024</u>	7. The \$7,500.00 maximum weekly comp	ensation limit does not a	oply for such addition	<u>al deferrals.</u>	
to ar	amount deferred shall be returned to the Phother Plan that may cause the limit to be eanother plan, you should contact your tax a	xceeded, contact the Fund	Office at the above ad		
	Participant Signature		Date		
	Employer Signature		Date		

^{*}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.