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	
Addı	ress:				_
	Street	City	State	Zip	
Socia	al Security No:				
Nam	e of Show in Which Employed:				_
Emp	loyer's Name:	Employer EIN: _			_
Effec	ctive Date: This Deferred Salary Agreement	s effective for the first payı	oll period starting	on and after,	
CHE	CK 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 CONT	RIBUTIONS DEDUCTED	O FROM MY SAI	LARY.	
	can change the rate of your future Salary I oyer. Such a change or suspension will take			mpleting and submitting a ne	ew form to your
abov elect wher	maximum weekly compensation that counts to e \$7,500, the salary above \$7,500 may not be to defer 1%, and your weekly salary is \$9,00 to the weekly compensation limit is less than defer only taxable income. For example, you	e deferred, regardless of how 00, your weekly deferral wil \$7,500.00, then salary defe	w much higher you l be \$75 (1% of \$7 rrals are only perm	r weekly salary may be. For ex,500). If you are employed un	xample, if you der a contract
Plan	ddition, your TOTAL YEARLY Deferred Sa and any other employer's plan combined. oyment contracts) are limited to the maximu	Salary deferrals for ALL I	EMPLOYERS (not		
\$7,50 caler	that if you are between the ages of 50-59 a. 00 known as a Catch-Up contribution (total adar year, you may defer an additional 5 imum weekly salary compensation limit defer	l of \$31,000 for 2025). If 0% of the Catch-Up con	you are between t tribution amount	he ages of 60-63 by December (total of \$34,750 for 2025).	er 31 of a given
anoth	amount deferred shall be returned to the Paner Plan that may cause the limit to be excepter plan, you should contact your tax advisor	eded, contact the Fund Of	fice at the above a		
	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.