Equity-League 401(k) Trust Fund

165 West 46 Street, 14th Fl
New York, NY 10036
(212) 869-9380 (800) 344-5220

*DEFERRED SALARY AGREEMENT**

Participant's Name: _____
first middle last

Address: _____
street city state zip

Social Security No: _____-_____-_____

Name of Show in Which Employed: _____

Employer's Name: _____

Effective Date: This Deferred Salary Agreement is effective for the first payroll period starting on and after,

_____, 20___.

CHECK THE BOX THAT APPLIES:

☐ **DEFERRED SALARY CONTRIBUTION:** I elect to contribute _____%. You may elect to defer up to 85% of salary on each pay period to the Equity-League 401(k) Trust 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 CONTRIBUTIONS DEDUCTED FROM MY SALARY.**

The maximum weekly compensation that counts towards salary deferrals is $7,500.00. The maximum amount that you may defer from your salary to the Equity-League 401(K) Plan is $6,375.00 ($7,500 x 85%) per week. **See the exception below for those participants age 50 and older**. Please note that you may defer only taxable income. For example, you cannot defer non-taxable overscale per diem.

In addition, your TOTAL YEARLY Deferred Salary Contribution cannot exceed the amount established by law - $17,000 for 2012 to this Plan and any other employer's plan combined. Salary deferrals for ALL EMPLOYERS (not just work under Actors' Equity) are limited to the maximum amounts for each tax year.

***Note that if you are 50 or older by December 31 of a given calendar year, you may defer an additional $5,500 (total of $22,500) for 2012*. The $7,500.00 maximum weekly compensation limit does not apply for such additional deferrals.**
Any amount deferred shall be returned to the Participant if the plan does not meet IRS guidelines. To change this Agreement contact your employer. To notify the Plan of salary deferrals to another Plan that may cause the limit to be exceeded, contact the Fund Office at the above address. If you are deferring salary to this and another plan, you should contact your tax advisor about the applicable limits.

_____ _____
Participant Signature Date

_____ _____
Employer Signature Date

Where applicable:
Client Identification No. _____ Employee Payroll No. _____

***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.**