

EQUITY-LEAGUE PENSION FUND

165 West 46th Street (14th Floor)
New York, N.Y. 10036-2582
(212) 869-9380 or (800) 344-5220 FAX (212) 869-1824

PENSION APPLICATION

Professional Name

As Listed with Actors' Equity: _____
Last First Middle

Legal Name: _____
Last First Middle

Address: _____
Number Street or Avenue

City State Zip Code

Phone No. and Area Code Email Address

Social Security Number Date of Birth: Month Day Year

Are you a US Citizen? Yes No If No is checked: Citizen of: _____

List below other names, if any, you have used in the legitimate theatre:

Date you first joined Actors' Equity Association: _____

Did you ever suspend your membership in Actors' Equity Association? Yes No

If yes, during what periods of time: From: _____ *To:* _____

Check appropriate box: Male Female

*Please refer to the list on the next page for instructions on documentation of proof of age.
Without adequate proof of age, your application cannot be processed.*

I am submitting as proof of my age the following: _____

Are you currently working for an employer who is required to contribute to the Equity-League Pension Fund on your behalf? * Yes No

** If you are younger than age 62, you cannot begin your pension while employed by an employer that contributes to the Pension Fund.*

Type of Pension for which I am applying (check one) after reviewing the Summary Plan Description:

- Regular Pension
- Early Retirement Pension
- Disability Pension

If you are applying for a Disability Pension, please provide a copy of your Social Security Disability award letter.

Proof of Age:

In order to be eligible for Equity-League retirement benefits, you are required to provide proof of your age. The following is a list of the documents which are acceptable as proof of birth. Some of these documents are better proof than others. **This list is arranged starting with the best type of proof.** You are required to furnish the best type of proof which is available. Additional proof of your birth may be required if the document which you submit is not sufficient. **Photocopies of your proof are acceptable.**

1. A birth certificate.
2. Passport.
3. A baptismal certificate or a statement as to the date of birth shown by a church record certified by the custodian of such records.
4. Notification of registration of birth in a public registry of vital statistics.
5. Naturalization record (original only).
6. Immigration papers (original only).
7. Military record.
8. Marriage records showing date of birth, certified by the custodian of such records.

A DRIVER'S LICENSE WILL NOT BE ACCEPTED AS PROOF.

****If your PRESENT legal name is not the same as your birth name, submit any and all authenticated documents, regarding your name change(s) (e.g. marriage license, divorce papers, legal name change document).***

****EXAMPLE: Born Jones (birth record), now Smith (marriage certificate).***

ELECTION OF BENEFIT PAYMENT FORM

I have read the Important Information About Your Pension, and I understand the financial effect of choosing an optional payment form. I understand that if I am married and elect the Single Life Annuity Form of Payment my spouse will receive no benefits upon my death unless he or she is designated as my beneficiary under the Single Life Annuity form of payment and I die before receiving 60 monthly payments. I understand that unless I affirmatively elect otherwise, my pension will be paid as a 50% Spouse's Pension if I am married, and if I am unmarried my pension will be paid as a Single Life Annuity. I believe that I have sufficient information to permit me to make an election regarding the distribution of my benefits.

Check One:

- I hereby swear/affirm that I am not legally married at this time.
- I hereby swear that I am unable to locate my spouse.
Please contact the Fund Office for additional documentation that must accompany this selection.
- I hereby swear/affirm that I am married.

PART I – FOR MARRIED PARTICIPANTS:

Check A or B below.

If you check A, indicate which Spouse's Pension you are electing.

If you check B, elect one of the optional forms of benefit payment in Part II below, and submit the signed and notarized Spouse's Consent form with your application.

- A.** I do wish to receive my pension benefits in the form of a Spouse's Pension.
- 50% Spouse's Pension
 - 75% Spouse's Pension
 - 100% Spouse's Pension

Spouse's Name: _____
(Last) (First) (Middle)

Date of Birth: _____

Attach a copy of your marriage certificate and proof of your spouse's age (see the list on page two entitled "Proof of Age" for the proper documentation).

- B.** I do not wish to receive my pension benefits in the form of a Spouse's Pension but choose instead to receive payment in the optional form indicated in Part II below.

I hereby waive my right to receive benefits in the form of a Spouse's Pension and have attached a consent form to this election completed by my spouse.

PART II: FOR SINGLE PARTICIPANTS OR MARRIED PARTICIPANTS WHO HAVE WAIVED THE SPOUSE'S PENSION:

I elect to receive my pension benefit in the following form:

- Single Life Annuity (with 60-payment guarantee)
- 50% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity

If you elected the Single Life Annuity, please complete the following section identifying your beneficiary for the 60-payment guarantee:

I designate the following individual as my primary beneficiary for the 60-payment guarantee:

Primary Beneficiary's Name: _____
(Last) (First) (Middle)

Primary Beneficiary's Address: _____

(City) (State) (Zip Code)

Primary Beneficiary's Social Security Number: _____

I designate the following person as my Alternate Beneficiary to receive my benefits under the Single Life Annuity Option in the event that one of the following events occur:

1. the above-named Primary Beneficiary predeceases me;
2. the Primary Beneficiary dies after me, but before all death benefit payments payable upon my behalf under the plan have been made; or
3. the Fund determines that such Primary Beneficiary is not entitled to receive my death benefits.

Alternate Beneficiary's Name: _____
(Last) (First) (Middle)

Alternate Beneficiary's Address: _____

(City) (State) (Zip Code)

Alternate Beneficiary's Social Security Number: _____

If you elected the Joint & Survivor Annuity, please complete the section below:

I designate the following individual as my beneficiary for the Joint & Survivor Annuity Option:

Beneficiary's Name: _____
(Last) (First) (Middle)

Beneficiary's Address: _____

(City) (State) (Zip Code)

Beneficiary's Social Security Number: _____

Beneficiary's Date of Birth:* _____

* Please also attach a copy of the beneficiary's proof of age (see the list on page two entitled "Proof of Age" for the proper documentation).

SIGNATURE

NOTE: You have 30 days following receipt of this application to consider the decision to elect a benefit form. You may, at any time prior to the effective date of your pension, change or revoke your election by filing written notice (with spousal consent, if applicable) with the Board of Trustees. If you file this election more than 180 days before the effective date of your pension, the application must be re-filed not more than 180 days before the effective date of your pension.

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR A REPRESENTATIVE OF THE PLAN DESIGNATED BY THE TRUSTEES.

By signing my name below I hereby certify and swear/affirm under penalty of perjury that:

- (1) I have completed this application and that the information given herein is to the best of my knowledge true and correct,*
- (2) If I am married and have chosen to waive the Spouse's Pension, the person consenting to this waiver in the attached consent form is my legal spouse.*
- (3) For Disability Pensions, if I am receiving a disability pension, I agree to inform the Fund Office in writing immediately if Social Security determines that I am no longer disabled.*

I understand that the Plan has the right to recover any benefits paid to me as a result of any false statements. I hereby revoke any prior election made by me with respect to my benefits under the Plan. I hereby apply to the Trustees of the Equity-League Pension Fund for the benefits to which I may be entitled, and agree to be bound by the decision of the Trustees concerning my eligibility and subsequent receipt of benefits under the Plan.

Name of Applicant (Please Print) _____

Signature: _____ Date: _____

Witnessed by a Notary Public:

State of _____)
 _____) Social Security # _____
 County of _____) Participant

On the _____ day of _____, 20____
 before me came _____, to me known and known to me to
 be the person described in and who executed the foregoing Consent and Waiver and (s)he duly
 acknowledged to me that (s)he executed the same of his/her own volition.

Witness my hand the day and year aforesaid.

 Notary Public **OR** NY Plan Representative