

Equity-League 401(k) Trust Fund
BENEFICIARY DESIGNATION/CHANGE

Account Number **FL 51505 - 1 - 1**

PARTICIPANT INFORMATION

Name _____
first middle last

Social Security No. _____

BENEFICIARY DESIGNATION (This designation supersedes any prior designation)

Primary Beneficiary: (Check either box 1 or 2)

1. **Spouse Primary Beneficiary:** I would like my spouse to receive my entire account balance at my death.
 Spouse's name: _____
2. **Non-Spouse Primary Beneficiary:** I would like the following person(s) to receive my account balance upon my death: (If division is other than equal shares, write in percentages.)

Name	Relationship	Social Security #	Percent

If you are married and you have not elected your spouse as primary beneficiary, please have your spouse provide Consent below.

SPOUSAL CONSENT. I understand that I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above.

_____	____/____/____
Spouse's Signature	Date
_____	____/____/____
Notary Public Signature	Date Commission Expires

Secondary Beneficiary (optional): If no Primary Beneficiary listed above is alive at my death, the following person(s) should receive my account balance at my death: (If division is other than equal shares, write in percentages.)

Name	Relationship	Social Security #	Percent

SIGNATURE

_____	____/____/____
Participant	Date

**PLEASE MAIL THE COMPLETED BENEFICIARY FORM TO:
 EQUITY-LEAGUE 401(k) TRUST FUND, 165 W 46 ST, STE 402, NEW YORK, NY 10036.**

This beneficiary form is for the 401(k) Trust Fund ONLY. To designate a beneficiary for the Pension Fund, please contact the Fund Office at (212) 869 9380, or if outside NYC (800) 344-5220.