

REQUEST FOR INFORMATION ON OPTIONS

Applicant's Name: _____ Birth Date: _____

If you want the Fund Office to provide you with the amount of your monthly benefit payable as a Spouse's Pension based on your spouse's actual age, or the amount payable as a Joint and Survivor Annuity with someone other than your spouse as the beneficiary, please complete Part I below and return it to the Equity-League Pension Fund Office at 165 West 46th Street, 14th Floor, New York, NY 10036. We will fill in the requested information in Part II and return this form to you.

Please note that if you are married and you are going to reject the Spouse's Pension, you will need your spouse's written consent as witnessed by a notary public when you return your Pension Application to the Fund Office.

PART I. To Be Completed by the Participant

Please provide information about the monthly amount of my pension benefit in the form of a Spouse's Pension or Joint and Survivor Annuity, based on the actual age of my spouse or beneficiary as indicated below:

Spouse or Beneficiary Name: _____

Date of Birth: _____

The above individual is: Spouse Non-Spouse Beneficiary

PART II. To Be Completed by the Fund Office

Based on the information above, you monthly benefit will be:

Form of Payment	Your Estimated Monthly Benefit	Benefit Payable to your Surviving Spouse or Beneficiary
50% Spouse's Pension or 50% Joint & Survivor Annuity	\$	\$
75% Spouse's Pension or 75% Joint & Survivor Annuity	\$	\$
100% Spouse's Pension or 100% Joint & Survivor Annuity	\$	\$

THE AMOUNTS QUOTED ABOVE ARE SUBJECT TO REVIEW AND APPROVAL BY THE TRUSTEES. THESE AMOUNTS ARE BASED ON THE AGE OF THE SPOUSE OR BENEFICIARY ACCORDING TO THE DATE OF BIRTH INDICATED ABOVE. IF YOU ELECT THE SPOUSE'S PENSION OR THE JOINT AND SURVIVOR ANNUITY, YOU WILL BE REQUIRED TO SUBMIT PROOF OF THE DATE OF BIRTH OF YOUR SPOUSE OR BENEFICIARY.