

EQUITY-LEAGUE PENSION FUND

165 West 46th Street (8th Floor, Suite 812)
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 (age 65 or older)
- Early Retirement Pension (earlier than age 65)
- 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: _____ Spouse's Social Security #: _____

Spouse's email address: _____ Spouse's Phone _____

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: _____
(Street) (City) (State)(Zip Code)

(Primary Beneficiary's Soc.Sec. #)

(Relationship to Member)

(Primary Beneficiary's Email)

(Primary Beneficiary's Phone#)

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: _____
(Street) (City) (State)(Zip Code)

(Alternate Beneficiary's Soc.Sec. #)

(Relationship to Member)

(Alternate Beneficiary's Email)

(Alternate Beneficiary's Phone#)

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:* _____

Beneficiary's Relationship to Member _____

Beneficiary's Email Address _____

* 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 _____)

County of _____)

County of _____)

Social Security # _____

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



AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS

I hereby authorize Equity-League Pension Trust Fund, to initiate electronic credit entries, and to initiate, if necessary, by any such method, debit entries and adjustments for any credit entries in error to either my **Checking**_____ or **Savings**_____ (select one) indicated below and the depository named below, to credit and / or debit the same in such account. I have attached a voided personal check (if a checking account is to be credited) which contains account and routing information. For the savings account option, I have attached a deposit slip, which contains my account and routing information.

Bank/Depository

Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA# _____ Account # _____

(PLEASE CONTACT YOUR BANK FOR THIS NUMBER)

This authority is to remain in full force and effect until Equity-League Pension Trust Fund has received written notification from me of its termination in such time and in such manner as to afford Equity-League Pension Trust Fund and the Depository a reasonable opportunity to act on it.

IMPORTANT:

ATTACH VOIDED PERSONAL CHECK IF *CHECKING* ACCOUNT IS TO BE CREDITED. ATTACH A DEPOSIT SLIP IF *SAVINGS* ACCOUNT IS TO BE CREDITED. IF A PERSONAL CHECK OR DEPOSIT SLIP, WHICHEVER APPLICABLE, IS NOT AVAILBLE ATTACH A LETTER OR OTHER STATEMENT FROM YOUR BANK THAT SHOWS THE ABA AND ACCOUNT NUMBER.

Name _____ Social Security # _____
(Please Print)

Address _____

Date ____/____/____ Daytime Telephone _____

Signature _____

Withholding Certificate for Periodic Pension or Annuity Payments

Give Form W-4P to the payer of your pension or annuity payments.

2024

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 . . . \$ _____ Multiply the number of other dependents by \$500 . . . \$ _____ Add other credits, such as foreign tax credit and education tax credits . . . \$ _____ Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . \$ _____	3	\$
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Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . .	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions (continued)

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b) – Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Spouse's Consent

I, _____ swear/affirm that I am the legal spouse of _____
Spouse's Name Participant's Name

I hereby consent to my spouse's rejection of the Spouse's Pension. I understand that as a result, I will not be entitled to a payment from the Pension Plan after my spouse's death unless I am designated as the beneficiary of the 60-payment guarantee and my spouse dies before receiving 60 monthly payments. I further recognize that because of this rejection, if my spouse selects the Single Life Annuity, the pension paid to my spouse while he or she is living will be higher than it would be if I had the 50% survivor protection under the Spouse's Pension.

Check one:

- I consent to my spouse's selection of the **Single Life Annuity** and the designation of _____ as **beneficiary of the 60-payment guarantee**. I understand that my spouse may not change this beneficiary designation without my written consent.
- I consent to my spouse's selection of the **Single Life Annuity** and the designation of _____ as **beneficiary of the 60-payment guarantee**, and I agree that my spouse may change this beneficiary designation without my further consent. I understand that I have the right to limit consent to a specific beneficiary and I voluntarily elect to relinquish that right.
- I consent to my spouse's selection of the (check one)
- 50% Joint and Survivor Annuity**
 - 75% Joint and Survivor Annuity**
 - 100% Joint and Survivor Annuity**
- and the designation of _____ as **beneficiary of the Survivor Annuity**. I understand that my spouse may not change this beneficiary designation without my written consent.

(Date)

(Spouse's Signature)

Witnessed by a Notary Public:

State of _____)

Participant's

County of _____)

Social Security # _____

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 acknowledge 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