



TO UPDATE THE MAILING ADDRESS FOR RESIDUALS INFORMATION:

I direct SAG to send all residual checks received on my behalf to the address below.

*NOTE: Non-Franchised agents may not be listed as your primary contact. If you have any questions as to your agent's status with the Guild, please contact the Agency Department at 323-549-6745 (Hollywood) or 212-827-1438 (New York) for additional information before completing this form. Failure to follow these procedures correctly may significantly delay processing your requested changes, as well as receipt of residuals checks or important billing information.

NAME: _____ PHONE: _____

FIRM: (if applicable) _____ FAX: _____

LOAN OUT:(if applicable) _____ FEDERAL ID NUMBER: _____

ADDRESS*: _____
HOUSE NUMBER, SUITE OR APT. NUMBER AND STREET CITY STATE ZIP COUNTRY

Please indicate whether this is: [] Agent [] Attorney [] Manager [] Home [] Other_____

To maintain confidentiality and avoid unauthorized changes, you must fax or mail this form with your signature and Social Security Number to the Guild.

MEMBER AUTHORIZATION:

LEGAL NAME: (please print) _____

LEGAL SIGNATURE: _____

If member is a minor, signatures of both parents or legal guardian are needed. Legal proof of guardianship is required.

PROFESSIONAL NAME: (please print) _____

PROFESSIONAL SIGNATURE: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ SAG ID NUMBER: _____

DATE: _____

MAIL OR FAX TO: Residuals Department
Code #465
Attn: Residuals Addresses
Screen Actors Guild
5757 Wilshire Boulevard
Los Angeles, CA 90036-3600
FAX: (323) 549-6500