



SAG-AFTRA Residuals Update Form

(Please print or type)

Date: _____

Previous SAG ID#: _____ Previous AFTRA ID#: _____ SAG-AFTRA ID#: _____

Professional Name: _____
First Middle Last Suffix

Legal Name: _____
First Middle Last Suffix

Social Security#: _____

Telephone Number(s): _____
Home Cell

Business Professional Contact *May be released for employment purposes only.

Primary Email Address: _____

Primary Address: _____
Street Number or P.O. Box

City State Zip Country

Please indicate whether this is: Home Accountant Attorney Manager Other

***Note:** You may not list a talent agent as your primary contact. If you have any questions as to your agent's status with SAG-AFTRA, please contact the Professional Representatives Department (323)549-6745 (LA) or (212)863-4230 (NY) 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.

If the primary address above should be used for all mailings, **DO NOT** fill in the information below. If however you wish to have Dues Bills or Residual Payments mailed to an address different than what is noted above, please fill out the information below as appropriate:

Dues Billing Address: _____
Street Number or P.O. Box City State Zip Email (if different)

Residuals Payments (TV/TH) Address: _____
Street Number or P.O. Box City State Zip Email (if different)

If you have a Loan Out Company, please provide the information below:

Loan Out Name: _____ Federal Tax ID#: _____

Loan Out Address (TV/Theatrical): _____
Street Number or P.O. Box City State Zip Email (if different)

To Transfer Your local Affiliation

In order to receive SAG-AFTRA mailings or Board election materials relevant to the geographic area in which you reside (state or region), it may be necessary for you to transfer your local affiliation.

I wish to transfer my membership from the _____ local to the _____ local.

To maintain confidentiality and avoid unauthorized changes, you must fax or mail this form with your signature and SAG-AFTRA ID number to the Union.

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: _____

Mail or Fax to: Residuals Trust Department
SAG-AFTRA
5757 Wilshire Boulevard, 7th
Floor
Los Angeles, CA 90036-3600
Fax: (323) 549-6040