



MANAGER INFORMATION FORM

Name of Manager _____

Manager ID# _____ Phone _____ Fax _____

Address:

Manager Client List

PLEASE AFFIX A COMPLETE ROSTER OF SAG-AFTRA CLIENTS YOUR COMPANY REPRESENTS TO THIS DOCUMENT ALONG WITH A COPY OF YOUR COMPANY'S REPRESENTATION AGREEMENT

OWNERSHIP BREAKDOWN*

Name _____ SS# _____ % of Ownership _____

Email _____

Name _____ SS# _____ % of Ownership _____

Email _____

EMPLOYEES (not owners of the management company)*

Name _____ SS# _____ Authorized Signer? _____

Email _____

Name _____ SS# _____ Authorized Signer? _____

Email _____

** Please attach a separate sheet for additional owners and/or employees.*

Date _____ Signature of Owner(s): _____

Please Print Name: _____

PLEASE RETURN IMMEDIATELY VIA FAX TO (LA) (323) 549-6746 OR (NY) (212) 686-4925

Updated July 2014

SAG-AFTRA Manager Update Form to be included in application package for the SAG-AFTRA Manager Code of Ethics and Conduct and updated accordingly. All material is confidential and for SAG-AFTRA's use only.