



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

Franchise Agent

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)863-4205 (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)

c/o RSA Talent, 17933 Maplehurst Place Canyon Country, CA 91387

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

Fax to: (323) 549-6040

Email to: residualstrust@sagaftra.org