If you perform work covered under one or more collective bargaining agreements between employers and SAG-AFTRA, it is important that you register with the AFTRA Retirement Fund. Registering with the AFTRA Retirement Fund is free and it is the critical first step you must take before you can qualify for retirement benefits.

By providing and submitting the information required for registration (see form on the reverse side of this page), you will allow the AFTRA Retirement Fund to track your employer-reported earnings and contributions for AFTRA-covered work. Over time, these earnings and contributions may allow you to become an active participant in the Retirement Fund and to earn a pension benefit. Refer to the AFTRA Retirement Fund SPD and modifying Benefits Updates (available at www.aftraretirement.org) for complete details about the AFTRA Retirement Plan.

It is important to note that registering with the AFTRA Retirement Fund is different from applying for benefits under the Retirement Fund. You must register before you can become vested to receive Retirement Plan benefits. For information about AFTRA Retirement Fund benefits and how you may qualify for these benefits after you have registered, visit www.aftraretirement.org or call Participant Services at (800) 562-4690.

Please note that this registration form is used for informational and record keeping purposes only. Your receipt or completion of this form does not mean that you qualify for or are entitled to benefits.

The AFTRA Retirement Fund respects your privacy and is committed to protecting your personal information. All performer information received by AFTRA Retirement Fund is protected, in compliance with applicable privacy regulations.

To register with the AFTRA Retirement Fund, please provide the information requested on the form on the reverse side of this page. The information required for registration is divided into sections, as described in the instructions below.

Basic Information: Please provide the following basic identifying information for yourself: Name, Social Security No., Date of Birth and Gender.

Alternate Names and ID Numbers: In addition to the basic identifying information listed above, you should also provide any alternate names and / or alternate identification numbers under which you may have performed AFTRA-covered work, if applicable. Alternate names may include Legal Names, Professional Names, Married Names or Corporate / FSO (For Services Of) Names. Alternate IDs may include Employer Identification Nos. (EINs), Tax ID Nos. or FSO Nos. It is important that you provide any alternate identification information so that the AFTRA Retirement Fund may identify all AFTRA-covered work throughout your work history and associate the appropriate earnings and contributions with your performer record.

Mailing Address and Contact Information: You must provide the requested contact information so that we may send you important information about your benefits. Once you have registered with the AFTRA Retirement Fund, you must also notify the Fund whenever your address (or your representative’s address) changes. To update your address, complete and submit a Performer Address Change Form, which is available at www.aftraretirement.org (“Forms”) or may be requested by calling Participant Services at (800) 562-4690.

Your completed Performer Registration Form must be sent to the AFTRA Retirement Fund by fax at (212) 499-4973, by e-mail at memberupdate@aftraretirement.org or by mail to the following address:

AFTRA Retirement Fund
Attention: Contribution Services
261 Madison Avenue 8th Floor
New York, NY 10016-2312

If you have questions about the form or registering with the AFTRA Retirement Fund, contact Contribution Services at (800) 562-4690.
PERFORMER REGISTRATION FORM

Please read the instructions and information on the reverse side before completing this Performer Registration Form.

PERFORMER INFORMATION

Basic Information

Preferred Name ___________________________________________  ❑ Legal  ❑ Professional  ❑ Married  ❑ Corporate/FSO

Social Security No. __________________________________________ Date of Birth ____________________  Gender  ❑ Male  ❑ Female

Marital Status  ❑ Single  ❑ Married

Alternate Names and ID Numbers

In addition to the name and Social Security No. you listed above, please provide any alternate names and/or identification numbers under which you may have performed AFTRA-covered work (if applicable):

Alternate Name No. 1 __________________________________________  ❑ Legal  ❑ Professional  ❑ Married  ❑ Corporate/FSO

Alternate Name No. 2 __________________________________________  ❑ Legal  ❑ Professional  ❑ Married  ❑ Corporate/FSO

Alternate Name No. 3 __________________________________________  ❑ Legal  ❑ Professional  ❑ Married  ❑ Corporate/FSO

Alternate ID No. 1 ___________________________________________  ❑ EIN  ❑ Tax ID No.  ❑ FSO No.

Alternate ID No. 2 ___________________________________________  ❑ EIN  ❑ Tax ID No.  ❑ FSO No.

Alternate ID No. 3 ___________________________________________  ❑ EIN  ❑ Tax ID No.  ❑ FSO No.

Mailing Address and Contact Information

Is the contact information provided below for your ❑ Primary Residence or your ❑ Representative’s Office?

No. and Street _____________________________________________________________________ Apt/Unit/Suite/Floor ______________________

City ______________________________________________________________________ State ___________ ZIP Code ______________________

Area Code and Telephone Number ___________________________________ Email Address____________________________________________

If the contact information you listed above is for your representative (e.g. agent, business manager, attorney, etc.), then please provide the representative’s full name and other information below.

Name of Representative ___________________________________________  ❑ Agent  ❑ Business Manager  ❑ Attorney

Name of Representative’s Organization (if applicable) __________________________________________

❑ I authorize the AFTRA Retirement Fund to share the information provided on this form with SAG-AFTRA, so that both the AFTRA Retirement Fund and SAG-AFTRA have my current address and representation information.

I certify that all the information provided on this form and in any attached documents is accurate and complete.

Signature: ___________________________________________________________________________ Date ______________________