

PERFORMER ADDRESS CHANGE FORM

INSTRUCTIONS

This Performer Address Change Form should be completed if you have recently moved or have changed business representatives and you need to update your address of record with the Fund.

It is important to note that any contact information details you provide on this form (e.g., mailing address, email and/or phone number) will replace the corresponding contact details currently in the Fund's records.

For the Fund to process your address change request, you must review the instructions for each section of the form, then submit your completed form following the instructions indicated.

PARTICIPANT INFORMATION

Legal Name

Last Name _____ First Name _____ Middle Name _____

Social Security No. _____

ADDRESS VERIFICATION

Instructions: Skip this section if you are not responding to an Address Verification Mailing.

If you've received an Address Verification Mailing, please confirm your address below:

The address on the letter is correct Yes No

If you select YES, skip the mailing address information below, sign, date, and return the form to the Fund using the instructions indicated.

MAILING ADDRESS AND CONTACT INFORMATION

Instructions: For this section, only include a checkmark next to the address you want the Fund to update and use for correspondence and other Fund related business. This information is required for the Fund to consider your address change complete.

The Fund will default to the primary address if both address fields are completed and you do not select a box.

A: **My Primary Address** (By checking this box, I instruct the AFTRA Retirement Fund to send benefit correspondence and other Fund related business to my primary mailing address.)

Address Line 1 _____ Apt/Unit/Suite/Floor _____

Address Line 2 _____

City _____ State/Province _____ ZIP Code _____ Country _____

Area Code and Telephone Number: Select Primary No. _____ Email Address _____

Mobile _____ Home _____ Work _____

MAILING ADDRESS AND CONTACT INFORMATION (CON'T)

Instructions: For this section, only include a checkmark next to the address you want the Fund to update and use for correspondence and other Fund related business. This information is required for the Fund to consider your address change complete.

B: **My Representative's Address** (By checking this box, I instruct the AFTRA Retirement Fund to send benefit correspondence and other Fund related business to my designated representative's address.)

If you choose to have your representative, family member or other individual contact the Fund Office on your behalf, you must also provide a completed Authorization Form, as required by applicable privacy regulations.

Representative Name _____ Company Name _____

Address Line 1 _____ Apt/Unit/Suite/Floor _____

Address Line 2 _____

City _____ State/Province _____ ZIP Code _____ Country _____

Representative Phone Number _____ Representative Email Address _____

I instruct the AFTRA Retirement Fund to send my retirement benefits correspondence to my designated representative listed in item B on this form. **Note that the AFTRA Retirement Fund may share the information provided on this form with the SAG-AFTRA Union, so that both the AFTRA Retirement Fund and the SAG-AFTRA Union have your 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 _____

FORM SUBMISSION

Please complete and return this form by email, fax or mail to:

Email



memberupdate@aftraretirement.org

Fax



Fax: (212) 499-4973

Mail



**AFTRA Retirement Fund
Operations Department
1411 Broadway, Suite 1850
New York, NY 10018**