aftra RETIREMENT FUND

AUTHORIZATION FORM

INSTRUCTIONS

To begin the process of adding an authorized representative, you must complete, sign, date and mail the Form to:

AFTRA Retirement Plan
P.O. Box 7830
Burbank, CA 91510-7830

You must sign the form on page 2 and have your signature notarized by a Notary Public.
All sections must be completed fully and accurately for your Authorization Form to be processed by the AFTRA Retirement Fund.

PARTICIPANT INFORMATION

Legal Name

Last Name _____ First Name _____ Middle Name _____

Social Security No._____

PERSON AND ORGANIZATION AUTHORIZED TO RECEIVE INFORMATION

I, _____, hereby give consent to the authorized person or organization listed below to:

Please check all that apply

❑ Inquire about my earnings information and benefits

❑ Update/change my personal information.

ADDRESS INFORMATION FOR AUTHORIZED REPRESENTATIVE

Person Authorized

Last Name _____ First Name _____ Middle Name _____

Organization of Authorized Person (if applicable) _____

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

Address Line 2 _____

City _____ State/Province _____ ZIP Code _____ Country_____

Email Address _____ Relationship to the performer or benefit recipient _____

Home Telephone No. (XXX) XXX-XXXX _____ Cell Telephone No. (XXX) XXX-XXXX _____

AUTHORIZATION CONFIRMATION

You must read and complete the required fields below in order for the Fund to review and process your Form.

I, _____, understand that by completing this Authorization Form, this form will remain on file with the Fund until either of the following actions take place:

- The Fund receives a written request to revoke the designee, OR
- The Fund receives a new Authorization Form with a newly designated representative, which will be considered the new authorized representative on file.

Participant or Benefit
Recipient's Signature _____ Date (MM/DD/YYYY) _____

STATE OF _____ COUNTY OF _____

On this day of _____ , 20_____ , the individual named above, to me personally known (or proved to me on the basis of satisfactory evidence) to be the individual described herein, personally appeared before me and executed the foregoing statement or acknowledged to me that they executed the same.

Notary Public Signature _____ Date (MM/DD/YYYY) _____

Notary Stamp/Seal