

REGISTERING WITH THE AFTRA RETIREMENT FUND

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 in order to take full advantage of benefits you are due or may be due in the future. By providing 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 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. For information about AFTRA Retirement 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 the AFTRA Retirement Fund is protected, including the safeguarding of personally identifiable information in compliance with applicable privacy regulations.

To register with the AFTRA Retirement Fund, please provide the information requested on this form below and on the pages that follow. The information required for registration is shaded in **light blue** and indicated in the instructions for each section of the form. If you have questions about the form or registering with the AFTRA Retirement Fund, contact Participant Services at (800) 562-4690.

PERFORMER INFORMATION

Instructions: Note that information in this section is **REQUIRED** in order to consider your registration complete. You must provide the following identifying information for yourself: Name, Social Security No., Date of Birth, Marital Status and Gender. **Please note: You must include a check mark next to the name you wish the AFTRA Retirement Fund to use for correspondence and other business purposes. If neither box is checked, your legal name will be used.**

Legal Name ☐ Check the box if this is your preferred name for correspondence.

Last Name _____ First Name _____ Middle Name _____

Professional Name (if different from Legal Name) ☐ Check the box if this is your preferred name for correspondence.

Last Name _____ First Name _____ Middle Name _____

Social Security No. _____ Date of Birth (mm/dd/yyyy) ____/____/____

Gender ☐ Male ☐ Female **Marital Status** ☐ Single ☐ Married ☐ Divorced

If married, provide Spouse information

Name _____ Social Security No. _____

Spouse Date of Birth _____ **Gender** ☐ Male ☐ Female Marriage Date _____

ALTERNATE NAMES AND ID NUMBERS

Instructions: Note that information in this section is **Optional** and if it does not apply, can be left blank. In addition to the general identifying information listed above, you should also provide any alternate names and / or alternate identification numbers under which you may have performed covered work, if applicable. Alternate IDs may include Employer Identification Nos. (EINs), Tax ID Nos. or FSO (For Services Of) Nos. It is important that you provide any alternate identification information so that the AFTRA Retirement Fund may identify all covered work throughout your work history and associate the appropriate earnings and contributions with your performer record.

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 covered work (if applicable):

EIN/TIN/FSO

Name associated with EIN/TIN/FSO

EIN/TIN/FSO

Name associated with EIN/TIN/FSO

PROVIDE MAILING ADDRESS AND CONTACT INFORMATION

Instructions: Note that information in this section is **REQUIRED** in order to consider your registration complete. You must provide the requested contact information so that we may send you important information about your benefits. As indicated below, if you provide your business representative's address for your correspondence with the Fund, you **MUST** also complete and sign an Authorization Form which is available at www.aftraretirement.org ("Forms") or may be requested by calling Participant Services at (800) 562-4690. 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.

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

A: ☐ My Primary Residence (By checking this box, I instruct AFTRA Retirement Fund to send my Retirement Benefits correspondence to my primary residence, only.)

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 _____

B: ☐ My Representative's Office (By checking this box, I instruct AFTRA Retirement Fund to send my Retirement Benefits correspondence to the representative listed below and not to my address above.)

Representative Name _____ Company Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State/Province _____ ZIP Code _____ Country _____

Representative Phone Number _____ Representative Email 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.

I instruct AFTRA Retirement Fund to send my Retirement Benefits correspondence to the above listed representative.

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

I understand 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 SAG-AFTRA Union have my current address and representation information.

Signature _____ Date _____

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



memberupdate@aftraretirement.org



Fax: (212) 499-4973



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