

**Screen Actors Guild - Producers
Pension and Health Plans
Application for Waiver of Ownership Interest
Industrial/Educational Contract**

Applicant(s) Name _____

Company Name _____

Address _____

Street Address

City/Zip

Telephone

Project Information

1. Project Title _____

Start Date: _____ **Completion Date:** _____ **Total # of Shooting Days:** _____

Budget Total: \$ _____ **Performers \$** _____

2. On separate cover provide a brief description of project and in what capacity it will be used. Is project for in-house use or third party use?
3. Nature of services that will be provided by owner(s), stockholder(s) and/or relative
4. Under separate cover, provide previous professional acting employment by a third party or unrelated company
5. Every individual who is an owner, stockholder or relative of an owner or stockholder must describe the nature of all acting services that he or she provides to the company which are not covered by the collective bargaining agreement
6. With regard to every individual who will provide any services not covered by the collective bargaining agreement and which you have described in response to question # 5. Please state the compensation that will be paid to that individual for those non-covered services, how that compensation level is determined and by whom that compensation is determined
7. With regard to acting services that are covered by the collective bargaining agreements and which are performed by every individual who is an owner, stockholder, or relative of an owner or stockholder, please state the nature of those acting services, the compensation that will be paid for those acting services, how that compensation level is determined, and by whom that compensation is determined

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8. If financed by a third party provide Name/Address/telephone and a copy of the contract

9. If utilizing the services of a Payroll House, provide Name/Address/Telephone

Company Information

Corporation (state of Incorporation) _____ **Date:** _____
 Partnership **Joint Venture** **Sole Owner**

Application/Ownership Interest Information			
Applicant(s) Name	Role in Project	Relationship to Owner	Percent Ownership

Corporate Structure

President _____ **Secretary** _____
Vice President _____ **Treasurer** _____

Partnership/Joint Venture. Provide information on each partner

Name: _____ **Phone** _____
Res. Address _____
Name _____ **Phone** _____
Res. Address _____
Name _____ **Phone** _____
Res. Address _____

Sole Proprietorship

Name _____ **Phone** _____
Res. Address _____
Social Sec # _____

Signed by _____ **Date** _____
(Corporate Officer, General Partner, Owner)

Please be sure to have a corporate officer complete all copies of this application of waiver. Provide the Pension and Health Plan office with the appropriate information as noted below;

- 1) Corporation – Articles of Incorporation
- 2) Joint Venture or Partnership – Fictitious Name Statement and partnership Agreement
- 3) Sole Owner – Fictitious Name Statement
- 4) Individual – Social Security Number