

**SCREEN ACTORS GUILD-PRODUCERS PENSION & HEALTH PLANS
APPLICATION FOR WAIVER OF OWNERSHIP INTEREST
NEW MEDIA/INTERNET CONTRACT**

Applicant(s) Name _____

(Please type or print)

Company Name _____

Company Address _____

Street Address

City/Zip Code

COMPANY RELATIONSHIP WITH PERFORMER

What is the relationship between the applicant and company? (i.e., spouse, child, etc.)

PROJECT INFORMATION

1. Project Title(s): _____

(If there are multiple projects, please provide a detailed list)

Start Date: _____

Completion Date: _____

Total # of Shooting Days: _____

Budget Total: \$ _____

Performers: \$ _____

**2. On a separate cover provide a brief description of the project and in what capacity it will be used.
Is project for in-house or third party use?**

3. Type of SAG covered 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 type of all other services that he or she provides to the company which are not covered by the Collective Bargaining Agreement.

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: _____ **Title:** _____
(Corporate Officer, General Partner, Owner) (Title of Person Signing)

Date: _____

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

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