

CHANGE OF ADDRESS

Information About You

* Last Name	First Name	Middle Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
AKA / PKA <input type="text"/>		
Telephone	Email	Social Security # (US)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax I.D # (If Loan Out Corporation)	DOB: (mm/dd/yyyy)	Gender:
<input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
SAG-AFTRA Member (check one): YES <input type="checkbox"/> NO <input type="checkbox"/>		Country of Citizenship <input type="text"/>

Information About Your Address

* Present Address			
* Street Number and Name	Apt	Ste	Flr Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* City or Town	* State	* Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Previous Address			
Street Number and Name	Apt	Ste	Flr Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City or Town	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address (optional)			
Street Number and Name	Apt	Ste	Flr Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City or Town	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

* Your Signature	Date of Signature (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

(*) required field

PRINT FORM - SIGNATURE REQUIRED

Include a color copy of a government issued ID (driver's license or passport)

By signing and submitting this form, you acknowledge that you have read and agree to the following Terms and Conditions:
I, authorize both AFM & SAG-AFTRA Intellectual Property Rights Distribution Fund ("FUND") and SAG-AFTRA and Industry Sound Recordings Distribution Fund ("SRDF") to utilize my profile information where applicable for distribution purposes. I understand that this authorization may take up to 30 days to go into effect and once in effect, will remain in place for distributions from both organizations until I have canceled it in writing signed and dated by me.