



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"/> <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"/> <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"/> <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 agreed 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. Also, I understand that my information may be shared with any entity that the Fund may administer/distribute for on my behalf, now and in the future, and this authorization will remain in effect until canceled in writing, signed and dated by me.