

THE ATTACHED SIGNATORY DOCUMENTS MUST BE EXECUTED BY AN AUTHORIZED COMPANY REPRESENTATIVE:

WHO MAY SIGN?

CORPORATIONS:

ANY PERSON WHO IS AUTHORIZED BY THE PRESIDENT OR SECRETARY OF THE CORPORATION ON THE CORPORATE RESOLUTION. THE CORPORATE RESOLUTION MAY ONLY BE SIGNED BY THE PRESIDENT OR SECRETARY OF THE CORPORATION.

LIMITED LIABILITY CORPORATIONS:

THE MANAGER OR MANAGING MEMBER AS INDICATED BY THE ARTICLES OF ORGANIZATION, THE OPERATING AGREEMENT AND AUTHORIZED BY THE LIMITED LIABILITY COMPANY RESOLUTION.

LIMITED PARTNERSHIPS:

THE GENERAL PARTNER AS IDENTIFIED IN THE PARTNERSHIP AGREEMENT.

SOLE PROPRIETORSHIP: INDIVIDUAL OWNER

D/B/A “DOING BUSINESS AS”: INDIVIDUAL



DATE: _____

TO SCREEN ACTORS GUILD:

We acknowledge receipt of a copy of the Producers-Screen Actors Guild 2002 Codified Industrial and Educational Contract and the 2008-2009 Extension to the 2005 Memorandum of Agreement (collectively "Industrials Agreement") and we are familiar with both documents. We join in the desire to promote stability in the Industry and to maintain harmonious relations with Screen Actors Guild and its members. To that end, we hereby become a party to and agree to abide by and conform to all of the terms and conditions of the aforementioned Industrials Agreement.

Without limiting the generality of the foregoing, we agree expressly for the benefit of Screen Actors Guild and all persons covered by the terms of the aforementioned Industrials Agreement that we will make the payments as provided, and that we will make all Social Security, withholding, unemployment insurance and disability insurance payments required by law with respect to said payments. It is further agreed that we will make all appropriate contributions to the Screen Actors Guild-Producers Pension and Health Plans required under the aforementioned Industrials Agreement with respect to such payments. It is expressly understood and agreed that our right to use such Industrial/Educational films shall be subject to and conditioned upon prompt payment by us of such use fees and other payments, and the Union shall be entitled to injunctive relief in the event such payments are not made.

We are enclosing two (2) copies of this Letter of Adherence. Kindly complete and sign both copies and return immediately to: **Screen Actors Guild, Commercials & Industrial Contracts, 5757 Wilshire Boulevard, Los Angeles, California 90036.**

Accepted and Agreed:

(Company Name)

SCREEN ACTORS GUILD

*By: _____
(Signature)

By: _____
(Signature)

(Print Signer's Name and Title)

(Title)

(Street Address)

(City) (State)

(Zip Code)

Please check correct box below:

- Production Company*
- Advertising Agency*
- Advertiser*
- Music Producer*
- Payroll Company*
- Other* _____
(Specify)



DATE: _____

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*By: _____
(Signature)

By: _____
(Signature)

(Print Signer's Name and Title)

(Title)

(Street Address)

(City) (State)

(Zip Code)

Please check correct box below:

- Production Company*
- Advertising Agency*
- Advertiser*
- Music Producer*
- Payroll Company*
- Other* _____
(Specify)

Screen Actors Guild Signatory Company Information Sheet

Company Name: _____

(Must match attached financial structure documentation)

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Federal Identification Number: _____

Credit Information

Bank/Branch: _____ Account No.: _____

Address: _____ Fax Number: _____

Staff Referral: _____ Direct Phone: _____

Type of Company: _____ Production House _____ Advertising Agency _____ Jingle Producer

Please complete all copies of these signatory documents and provide the Guild with documentation of your Financial structure as follows: (check one)

_____ Corporation: Articles of Incorporation State: _____

_____ Sole Owner: Fictitious Name Statement/Business certificate

_____ Joint Venture/Partnership: Fictitious Name Statement and Partnership Agreement

_____ Individual: Social Security Number

_____ Limited Liability Company: Articles of Incorporation and Operating Agreement State: _____

Structure (Complete the appropriate section and attach financial structure documentation)

<u>Corporation</u> (Info on each officer)	<u>Partnership</u> (Info on each Partner)
<p>President: _____ Res. Address: _____ City: _____ State: _____ Zip: _____ Phone: _____</p> <p>Vice President: _____ Res. Address: _____ City: _____ State: _____ Zip: _____ Phone: _____</p> <p>Secretary: _____ Res. Address: _____ City: _____ State: _____ Zip: _____ Phone: _____</p> <p>Treasurer: _____ Res. Address: _____ City: _____ State: _____ Zip: _____ Phone: _____</p>	<p>Name: _____ Check as applicable: Gen'l Partner _____ Ltd. Partner _____ Res. Address: _____ City: _____ State: _____ Zip: _____ Phone: _____</p> <p>Name: _____ Check as applicable: Gen'l Partner _____ Ltd. Partner _____ Res. Address: _____ City: _____ State: _____ Zip: _____ Phone: _____</p> <p>Attach additional pages as necessary.</p> <p><i>If one or more of the partners is <u>not</u> an individual, attach additional pages to show: corporate structure if the partner is a corporation and/or residential addresses of partnership partners if the partner is a partnership.</i></p>
<p style="text-align: center;"><u>Sole Proprietor</u></p> <p>Name: _____ Res. Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Social Security Number: _____</p>	<p style="text-align: center;"><u>Limited Liability Company*</u></p> <p>(Circle either Member or Manager for each listing)</p> <p>Member/Manager: _____ Member/Manager: _____ Member/Manager: _____</p> <p><i>* If one or more of the Member/Managers is <u>not</u> an individual, attach additional pages to show company structure.</i></p>

BY: _____

Corp. Officer; Gen'l Partner; Owner

Date: _____

**SCREEN ACTORS GUILD
CORPORATE RESOLUTION**

FROM: _____
Corporation Name

“RESOLVED, that this Corporation make and enter into the following agreement(s) with Screen Actors Guild, Inc., a non-profit corporation:

- ____ 1. 2005 Codified Industrial and Educational Contract
- ____ 2. Other: _____

RESOLVED FURTHER, that _____
Name of Person Authorized to Sign

Title

is hereby authorized to execute said agreement(s) and Information Sheet for and on behalf of this corporation.”

This is to certify that the undersigned is the fully qualified and acting Secretary of

Corporation Name

a corporation; that the foregoing is a true and correct copy of a resolution appearing in the Minute Book of said Corporation, which said resolution was duly and regularly adopted at a meeting of the Board of Directors of said Corporation held on the _____ day of _____, _____ in accordance with Law and By-Laws of the Corporation. Said resolution has not been modified or repealed and is now in full force and effect.

Signature of Secretary

Type Name

Company Seal

Date

**SCREEN ACTORS GUILD
LIMITED LIABILITY COMPANY RESOLUTION**

FROM: _____
Company Name

“RESOLVED, that this Limited Liability Company make and enter the following agreement(s) with Screen Actors Guild, Inc., a non-profit corporation:

- ____ 1. 2005 Codified Industrial and Educational Contract
- ____ 2. Other: _____

RESOLVED FURTHER, that _____
(Person Authorized to Sign)

a (insert Member or Manager) _____ of the Company as defined by the laws of its state of organization, is hereby authorized to execute said agreements(s) and Information Sheet on behalf of this Company.”

This is to certify that the undersigned is a fully qualified and acting Member/Manager of _____, a Limited Liability Company; that the company is
(Company Name)
managed by its (Insert Members or Managers) _____, that the foregoing is a true and correct copy of a resolution appearing in the Minute Book of said Company, which said resolution was duly and regularly adopted at a meeting of the (Insert Members or Managers) _____ of said Company held on the _____ day of _____, _____ in accordance with Law and the Articles of Organization and Operating Agreement of the Company. Said resolution has not been modified or repealed and is now in full force and effect.

Signature of Member/Manager

Type Name

Company Seal

Date



CREDIT CHECK

Please fill in the appropriate blanks below and return to Screen Actors Guild.

The Screen Actors Guild is requesting a routine credit check on the following company:

Bank: _____ Business Account # _____

Authorized name and signature to release information:

Print Name

Signature

Date

DO NOT WRITE IN THE BOX BELOW. TO BE COMPLETED BY BANK.

Date: _____

Bank: _____

Bank Officer: _____

Phone/Address _____

Date Account Opened _____

Average Balance 1 2 3 4 5 6 7 8 9 10

Please circle the number
that represents the average
figure account balance.

High _____

Medium _____

Low _____

Satisfactory Yes _____ No _____

Outstanding Loans Yes _____ No _____

 Secured Yes _____ No _____

 Unsecured Yes _____ No _____

SAG OFFICE USE ONLY:

Date Received _____

Business Representative _____

SCREEN ACTORS GUILD - PRODUCERS PENSION & HEALTH PLANS

OFFICE OF THE ADMINISTRATIVE DIRECTOR

To: SCREEN ACTORS GUILD SIGNATORIES

You are concurrently signing a Collective Bargaining Agreement or Letter of Adherence thereto with the SCREEN ACTORS GUILD, INCORPORATED. The Screen Actors Guild Collective Bargaining Agreements require that you sign a Letter of Adherence to the SAG – Producers Pension and Health Trust Agreement. Please complete, sign, and return this letter to the Screen Actors Guild. The Guild will forward them to this office.

Very truly yours,

Administrative Director

To: The Trustees of the Screen Actors Guild – Producers Pension & Health Plans for Motion Picture Actors

The undersigned company is signatory to a Collective Bargaining Contract or Letter of Adherence thereto with SCREEN ACTORS GUILD, INCORPORATED, which provides for payments to be made by such signatory companies into the Screen Actors Guild – Producers Pension and Health Funds for Motion Picture Actors. With respect to such Collective Bargaining Contract and any further contracts, which the undersigned may enter into in extension, continuation or replacement thereof and subject thereto, the undersigned hereby agrees:

1. To become a party to and be bound by the SAG – Producers Pension and Health Plan Trust Agreements and the Pension and Health Plans adopted thereunder and pursuant thereto.
2. To accept and be bound by all amendments and supplements heretofore and hereafter made to the foregoing agreements and documents.
3. To accept the Producer Plan Trustees and the Alternate Producer Plans Trustee under said SAG – Producers Pension and Health Plan Trust Agreements, and their successors designated as provided therein.

Very truly yours,

Company

ACCEPTED BY:

Address

THE TRUSTEES FOR SAG- PRODUCERS
PENSION AND HEALTH PLANS FOR MOTION
PICTURE ACTORS ON:

City, State and Zip

Print Name and Title

Signature

By: _____
Chairman or Secretary

Date

INDUSTRIAL PRODUCTION CHECKLIST

RETAIN FOR YOUR INFORMATION

1. All actors should be cleared with the Guild as to eligibility to work (Station 12). East of the Mississippi, please contact the New York SAG office: 212-827-1418; fax 212-768-9154; toll free fax 800-419-2317. West of the Mississippi, please contact the Hollywood SAG office: *principal roles only* 323-549-6794 or toll free 800-724-0767 (*prompt 5*); fax *principals* 323-549-6792; fax *background* 323-549-6793; toll free fax 800-836-1768 (*principals & background*). You must have the performer's Social Security number in order to process this request.
2. Employment of non-members must be reported to SAG *in writing* within 15 business days of the first date of employment, giving the non-member's name, Social Security number, first date of employment, and reason for hire. A Taft-Hartley report form is included in these materials. *Failure to file a timely report may result in assessment of liquidated damages by the Guild.*
3. Fully executed employment contracts (and all appropriate tax forms) must be proffered to actors prior to commencement of work. Actors must be given a copy for their records before they leave the set. Copies of the Standard Form Employment Contract may be obtained from the local SAG office.
4. The payment voucher accompanying the performer's check must contain the following:
 - a. Separate identification of each program, name of client/product, employment date(s) and production number(s);
 - b. Type of use: Category I or II and any supplemental use;
 - c. Amount of wages paid;
 - d. Unemployment insurance information, including employer of record, employer's address, state in which unemployment insurance is filed, and state identification number.

It should be understood that the Producer is responsible for all contract obligations. This checklist represents only some of those obligations. If you have any questions, please contact your local SAG office or the SAG Industrial Departments in New York or Hollywood.



SCREEN ACTORS GUILD

NON-DISCRIMINATION AFFIRMATIVE ACTION POLICY

The Screen Actors Guild Board of Directors has adopted the following statement reaffirming our strong belief in the need for effective affirmative action practices within the industry. Please give it every possible consideration in making your casting decisions.

SCREEN ACTORS GUILD believes in equal employment opportunity for all its members; however, it further believes that people of color (e.g., Asian Pacifics, Hispanics, Blacks and Native Americans), women, the disabled, and senior performers have been historically underemployed within the motion picture industry.

SCREEN ACTORS GUILD finds such a situation unacceptable and will bring to bear its resources of persuasion, negotiation, association and such other actions as may be necessary to insure that these conditions do not endure.

SCREEN ACTORS GUILD, in its pursuit of greater and more meaningful opportunity and employment, demands that the industry break with worn stereotypes and habits of thought and depict the nation and the world as it really exists; a world which has people of color, women, the disabled, and senior performers in every conceivable employment and social setting.

SCREEN ACTORS GUILD, aware that we are dealing with the shaping of the viewing public's attitudes as well as with employment, will utilize all necessary channels to bring about accelerated employment of people of color, women, the disabled, and senior performers.



SCREEN ACTORS GUILD

TAFT-HARTLEY REPORT

Please be advised that it is the Producer's responsibility to forward the fully-completed report to SAG within 15 days from the date of the first employment of a non-member.

Commercial Industrial Infomercial Other: _____

UNION SECURITY INFORMATION

EMPLOYEE INFORMATION

Name: _____ SS#: _____

Address: _____ Date of Birth: (If minor) _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Work date: _____

Category: On Camera Actor Voice over Stunt Performer Singer Dancer Extra Performer Hand Model
 Other _____

EMPLOYER INFORMATION

Signatory Company: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Contact Person: _____

Advertiser: _____ Product: _____

PREFERENCE OF EMPLOYMENT INFORMATION *(Waivers for a non-member hired for his/her special skill/unusual appearance or for giving a testimonial or endorsement are conditioned upon screening of the final edit of the commercial.)*

Not applicable Reason: _____

Shooting Location(s) - City & State: _____

Contractual Reason for Hire:

Testimonial
 Special skill or ability or special or unusual physical appearance
Describe, including attempts to cast a professional performer _____

First employment of a performer with sufficient professional training and/or experience who intends to pursue career as actor
Describe training/experience (or provide resume) _____

Hotlink to Internet listing of performer credits: _____

Signature: _____ Date: _____

Print Name: _____ Producer Casting Dir. Phone (____) _____

Note: Please forward the completed form to SAG in the city in which you are shooting or, if there is no office in that city, to the SAG location nearest your office. Please see reverse for a list of SAG addresses.

<p>HOLLYWOOD (NATIONAL HEADQUARTERS) 5757 Wilshire Blvd. Los Angeles, CA 90036 Phone: (323) 954-1600</p>	<p>ARIZONA/UTAH 3131 E. Camelback Road, Suite 200 Phoenix, AZ. 85016 (602) 383-3780</p>
<p>BOSTON 20 Park Plaza, Suite 822 Boston, MA 02116 Phone: (617) 262-8001</p>	<p>CHICAGO 1 East Erie Street, Suite 650 Chicago, IL 60611 Phone: (312) 573-8081</p>
<p>CLEVELAND c/o 1 East Erie Street, Suite 650 Chicago, IL 60611 Phone: (312) 573-8081</p>	<p>COLORADO/NEW MEXICO Market Square Center 1400 Sixteenth Street #400 Denver, CO 80202 Phone: (720) 932-8193</p>
<p>DALLAS 15950 N. Dallas Parkway, Suite 400 Dallas, TX 75248 Phone: (972) 361-8185</p>	<p>DETROIT Town Center 2000 Town Center, Suite 1900 Southfield, MI 48075 Phone: (248) 351-2678</p>
<p>FLORIDA (MIAMI) 7300 N. Kendall Drive, Suite 620 Miami, FL 33156-7840 Phone: (305) 670-7677</p>	<p>GEORGIA 455 E. Paces Ferry Road NE, Suite 334 Atlanta, GA 30305 Phone: (404) 239-0131</p>
<p>HAWAII 949 Kapiolani Boulevard, Suite 105 Honolulu, HI 96814 Phone: (808) 596-0388</p>	<p>HOUSTON c/o 15950 N. Dallas Parkway, Suite 400 Dallas, TX 75248 Phone: (972) 361-8185</p>
<p>MINNEAPOLIS/ST. PAUL c/o 1 East Erie Street, Suite 650 Chicago, IL 60611 Phone: (312) 573-8081</p>	<p>NASHVILLE c/o 7300 N. Kendall Drive, Suite 620 Miami, FL 33156-7840 Phone: (305) 670-7677</p>
<p>NEVADA c/o 5757 Wilshire Blvd. Los Angeles, CA 90036 Phone: (323) 549-6440</p>	<p>NEW YORK 360 Madison Avenue, 12th Floor New York, NY 10017 Phone: (212) 944-1030</p>
<p>NORTH CAROLINA c/o 7300 N. Kendall Drive, Suite 620 Miami, FL 33156-7840 Phone: (305) 670-7677</p>	<p>PHILADELPHIA c/o 360 Madison Avenue, 12th Floor New York, NY 10017 Phone: (212) 944-1030</p>
<p>PORTLAND 800 Fifth Avenue Ste 4100 Seattle, WA 98104 Phone: (206) 224-5696</p>	<p>SAN DIEGO c/o 5757 Wilshire Blvd. Los Angeles, CA 90036 Phone: (323) 549-6440</p>
<p>SAN FRANCISCO 350 Sansome Street # 900 San Francisco, CA 94104 Phone: (415) 391-7510</p>	<p>SEATTLE 800 Fifth Avenue Ste 4100 Seattle, WA 98104 Phone: (206) 224-5696</p>
<p>ST. LOUIS c/o 1 East Erie Street, Suite 650 Chicago, IL 60611 Phone: (312) 573-8081</p>	<p>WASHINGTON/BALTIMORE 7735 Old Georgetown Road, Suite 950 Bethesda, MD 20814 Phone: (301) 657-2560</p>

SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS INDUSTRIAL AND EDUCATIONAL REPORTING FORM

All information on the form must be completed

Page 1 of 2

Studio Code # _____ Signatory Employer _____ Street Address _____ City & State _____ Zip _____ Telephone () _____	Liquidated Damages: Reports received over 30 days after the PAYROLL PERIOD ENDING Date will be assessed 10% of the contributions due. Reports received over 60 days after the PAYROLL PERIOD ENDING Date will be assessed 20% of the contributions due. Effective January 1, 1989: Failure to supply project titles and social security numbers of all performers for which contributions are being remitted will result in the assessment of liquidated damages in the amount of 10% of the Pension and Health contributions due. If the Producer's failure to supply the data requested continues for 60 or more days, then liquidated damages of 20% of the contribution due will be assessed.
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Date Principal Photography Commenced _____ Payroll Period Ending _____	Program Title _____ Program ID _____ Category I <input type="checkbox"/> Category II <input type="checkbox"/> Product/Subject _____ Advertiser/Client _____ Production Company _____ Advertising Agency _____ Paymaster _____ Length _____ Product Type: _____ Sub Product Type: _____
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SOCIAL SECURITY NUMBER (Must be Completed)	ORIGINAL DATES WORKED	PERFORMER'S NAME LAST FIRST MIDDLE INITIAL			PERFORMER CATEGORY			IF SUPPLEMENTED OR EXPANDED USE ENTER ORIGINAL AMOUNT PAID	DATES FILED FOR SUPPLEMENTAL USE	REPORTABLE GROSS COMPENSATION
					PRIN EXT N S/D G C	CHR O/C V/O	D/P 3 D/P W-5 W-6			

Total Gross Compensation Subject to Contributions _____ \$
Employer's Contribution @ _____ % of Gross Compensation _____ \$
Special Rate Code _____
Liquidated Damages @ _____ % (See above) _____ \$
 Make check payable to: SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS Check No. _____
 P.O. Box 54867, Los Angeles CA 90054-0867 Phone (818) 973-4472

Only Producers who are signatory* to an applicable collective bargaining contract of the Screen Actors Guild are eligible to make contributions to the Screen Actors Guild-Producers Pension and Health Plans on behalf of the eligible Performers/Background Actors employed by such Producers. Any contributions submitted by a non-signatory* Producer will not be accepted.

I certify that the above-named Employer is signatory* to such a collective bargaining agreement with the Screen Actors Guild. By signing this agreement, Producer acknowledges that it has accepted and agreed to be bound by the Pension & Health Provisions established by the collective bargaining agreement to which Producer is signatory. I further certify that the information contained herein is correct, and that all compensation subject to contributions earned by Performers/Background Actors in our employ during the period covered has been reported herein.

Signature _____ Name _____ Title _____ Date _____
 *A Producer will be considered to be signatory if the producer is a party to a collective bargaining agreement with the Screen Actors Guild.

SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS

INDUSTRIAL AND EDUCATIONAL REPORTING FORM

1. Use this form to report production, editing or use of Industrial / Educational programs
2. Report Industrial / Educational programs with different start date of principal photography, casts, or for different programs, on separate forms
3. Mail copy of P&H report to SAG office nearest the city in which the program was made, refer to SAG branch addresses on www.sag.org/branches.

Schedule of Contributions to Screen Actors Guild-Producers Pension and Health Plans

INDUSTRIAL AND EDUCATIONAL PROGRAMS

- 14.80% Rate: For pictures produced on or after 5-1-08 (and Re-Run Fees thereon)
- 14.30% Rate: For pictures produced on or after 5-1-05 (and Re-Run Fees thereon)
- 13.30% Rate: For pictures produced on or after 5-1-02 (and Re-Run Fees thereon)
- 13.15% Rate: For pictures produced on or after 5-1-96 (and Re-Run Fees thereon)
- 12.65% Rate: For pictures produced on or after 5-1-93 (and Re-Run Fees thereon)
- 12.50 % Rate: For pictures produced on or after 5-1-90 (and Re-Run Fees thereon)
- 11.50% Rate: For pictures produced on or after 10-1-88 (and Re-Run Fees thereon)
- 11% Rate: For pictures produced on or after 12-1-85 (and Re-Run Fees thereon)
- 10% Rate: For pictures produced on or after 2-7-82 (and Re-Run Fees thereon)
- 9% Rate: For pictures produced on or after 8-1-79 (and Re-Run Fees thereon)
- 8.50% Rate: For pictures produced between 5-1-75 and 7-31-79 (and Re-Run fees thereon)

CHOREOGRAPHERS

Please refer to www.sagph.org/employer web site for detail on how to report and forms

EMPLOYMENT CATEGORY

CATEGORY I	=	IN HOUSE TRAINING	C	=	CONTRACTOR
CATEGORY II	=	POINT OF PURCHASE	V/O	=	VOICE OVER RATE
PRIN	=	PRINCIPAL	D/P	=	DAY PLAYER RATE
EXT	=	BACKGROUND ACTOR	3 D/P	=	3 DAY PLAYER RATE
N	=	NARRATOR	W-5	=	WEEKLY PLAYER - STUDIO
O/C	=	ON CAMERA RATE	*W-6	=	WEEKLY PLAYER - OVERNIGHT LOCATION
S/D	=	SOLO/DUO	* AVAILABLE ONLY FOR PLAYERS HIRED ON A WEEKLY BASIS ON AN		
G	=	GROUP	OVERNIGHT LOCATION WHO SPEND A SATURDAY AT THE LOCATION		
CHR	=	CHOREOGRAPHER			

**Note: REPORTS RECEIVED OVER 30 DAYS LATE WILL BE ASSESSED 10% OF THE CONTRIBUTIONS DUE.
REPORTS RECEIVED OVER 60 DAYS LATE WILL BE ASSESSED 20% OF THE CONTRIBUTIONS DUE.**

Special Rate Codes

S= Supplemental	I = Internet
L = Side Letter	C = Cell Phone
P = Pilot	
H - Home Video	
O = Other	



Screen Actors Guild

Memorandum



To: All Industry Professionals
 From: Zino Macaluso, National Director, Agency Relations
 Date: February 23, 2004

Re: Creation Of A National “Actors To Locate” Service

The Screen Actors Guild is pleased to announce the creation of a new 1-800 “Actors To Locate” telephone number designed to facilitate contact between SAG performers and the producers/casting directors/other industry professionals across the United States seeking to employ them. This new number is:

1- 800-503-6737

Through this no-cost service, potential employers will now have easy access to a SAG actor’s professional contact information for employment purposes only. This service is not available for fan-based inquiries.

The new 1-800 “Actors To Locate” service (with expanded hours) will be **effective as of March 1, 2004**, and will be available at staggered intervals, depending on your geographic location. Please take note of the attached legend for your convenience:

Pacific Standard Time: <u>8:00 a.m.-5:30 p.m.</u> <i>(includes California, Nevada, Washington, Oregon, Arizona)</i>	Eastern Standard Time: <u>10:00 a.m.-8:30 p.m.</u> <i>(includes New York, Michigan, Florida, Philadelphia, etc.)</i>
Central Standard Time: <u>10:00 a.m.-7:30 p.m.</u> <i>(includes Texas, Illinois, etc.)</i>	Mountain Standard Time: <u>9:00 a.m.-6:30 p.m.</u> <i>(includes Utah, Colorado, New Mexico, Arizona, etc.)</i>
Hawaii Standard Time: <u>7 a.m.-3:30 p.m.</u>	

*Please note: For East Coast participants: If you are an East Coast caller, and are unable to access the 1-800 number during normal business hours, you may dial 212-827-1444 **in cases of emergency only**. Regular East Coast Agency inquiries, not dealing with Actors To Locate matters, can still be directed to 212-827-1438.*

In addition, all industry professionals are reminded of their ability to register for SAG’s **24/7** on-line version of “Actors To Locate,” more commonly known as “Locate An Actor.” Industry professionals may register for access to this free service by logging on to www.sag.org and following the registration prompts located in the upper right hand corner of the home page.

Please contact the Hollywood or New York Agency Departments at 323-549-6745 or 212-827-1438, respectively, should you have any questions. Enjoy the new service! Thank you.

TRANSFER OF RIGHTS – ASSUMPTION AGREEMENT

A. Upon the sale, transfer, assignment or other disposition by producer of any program produced by it hereunder, the producer shall not be responsible to the Guild or to any Guild members for any payments thereafter due with respect to the use of such programs or for a breach or violation of this agreement by such transferees, if the Guild approves the financial responsibility of such transferee in writing, and if the producer in its agreement with such transferee has included a provision substantially in the following form:

SCREEN ACTORS GUILD

Industrial and Educational Transfer of Rights – Assumption Agreement

TRANSFEROR:

TRANSFEEE:

(Company Name)

(Company Name)

(Address)

(Address)

(City, State, Zip)

(City, State, Zip)

This agreement is effective _____

Transferee hereby agrees with Transferor that all programs covered by this agreement (listed below*) are subject to the Producers-Screen Actors Guild 2002 Industrial and Educational Contract.

Transferee hereby agrees expressly for the benefit of Screen Actors Guild and its members affected thereby to make all payments of fees as provided in said Contract and all Social Security, withholding, unemployment insurance and disability insurance payments and all appropriate contributions to the Screen Actors Guild-Producers Pension and Health Plans required under the provisions of said Contract with respect to any and all such payments and to comply with the provisions of said Contract, with respect to the use of such program and required records and reports. It is expressly understood and agreed that the rights of the Transferee to use such program shall be subject to and conditioned upon the prompt payment to the performers involved of all compensation as provided in said Contract and the Guild, on behalf of the performers involved, shall be entitled to injunctive relief in the event such payments are not made.

The producer agrees to give written notice, by mail, to the Guild of each sale, transfer, assignment or other disposition of any program, which is subject to this agreement, within 30 days after the consummation of each sale, etc., and such notice shall specify the name and address of the purchaser, transferee or assignee, and to deliver to the Guild a copy of the agreement with the purchaser, transferee or assignee.

- B. When a producer produces a program hereunder for a client signatory to this agreement or a Letter of Adherence hereto:
1. The client shall guarantee payment of the applicable daily base pay or fee for such program;
 2. The client shall make all payments of fees and otherwise comply with this agreement with respect to such program;
 3. The producer shall not be responsible to the Guild or any Guild members for any payments of fees or for any breach or violation of this agreement by the client; and
 4. The agreement set forth in paragraph A of this Section 84 need not be obtained.

***PROGRAMS COVERED BY THIS AGREEMENT:**

TITLE AND I.D. NUMBER	PRODUCT	SESSION DATE
_____	_____	_____
_____	_____	_____
<i>(List all other programs on reverse side of this form)</i>		

(Company Name of Transferor)

(Company Name of Transferee)

(Signature of Officer)

(Signature of Officer)

(Print Officer's Name and Title)

(Print Officer's Name and Title)

DATE: _____

DATE: _____

FINANCIAL INFORMATION: (Needed only if Transferee is not signatory to SAG Industrial and Educational Contract)	
Transferee's Bank Name: _____	Branch: _____
Address: _____	Fax: _____
Phone: _____	Acct # _____
Staff Referral _____	

APPROVED FOR SCREEN ACTORS GUILD

BY: _____

DATE: _____