

PERFORMER INFORMATION

Instructions: Please provide the following identifying information for yourself. The information required for processing your address change is shaded in **light blue** and indicated in the instructions for each section of the form. If you do not have your AFTRA No. please leave this blank.

Full Name _____ Social Security No. _____ AFTRA Retirement Fund No. _____

ADDRESS VERIFICATION

Instructions: Skip this section if you are not responding to an Address Verification Mailing.

If you've received an **Address Verification Mailing**, Please confirm your address below:

The address on the letter is correct Yes No

If you select YES, skip the mailing address information below, sign, date, and return the form to the Retirement Fund.

MAILING ADDRESS AND CONTACT INFORMATION

Instructions: Note that information in this section is **REQUIRED** in order to consider your address change complete. You must include a check mark next to the address you wish the AFTRA Retirement Fund to use for correspondence and other business purposes.

The Retirement Fund will default to the primary address **if both address fields are completed and you do not select a box.**

A: My Primary Residence (By selecting this address, you choose to have benefits correspondence mailed only to your primary residence)

Address Line 1 _____ Apt/Unit/Suite/Floor _____

Address Line 2 _____

City _____ State/Province _____ ZIP Code _____ Country _____

Area Code and Telephone Number: Select Primary No. _____ Email Address _____

Mobile _____ Home _____ Work _____

B: My Representative's Office (By selecting this address, you choose to have benefits correspondence mailed only to your designated representative)

Representative Name _____ Company Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State/Province _____ ZIP Code _____ Country _____

Representative Phone Number _____ Representative Email Address _____

If you choose to have your representative, family member or other individual contact the Fund Office on your behalf, you must also provide a completed Authorization Form, as required by applicable privacy regulations.

I instruct AFTRA Retirement Fund to send my Retirement Benefits correspondence to the above listed representative. **Note that the AFTRA Retirement Fund may share the information provided on this form with the SAG-AFTRA Union, so that both the AFTRA Retirement Fund and the SAG-AFTRA Union have your current address and representation information.**

I certify that all the information provided on this form and in any attached documents is accurate and complete.

Signature _____ Date _____

Submission: Please complete and return this form by email, fax or mail



memberupdate@aftraretirement.org



Fax: (212) 499-4973



AFTRA Retirement Fund
Operations Department
261 Madison Avenue, 7th Floor
New York, NY 10016