

SCREEN ACTORS GUILD-PRODUCERS PENSION & HEALTH PLANS

PENSION APPLICATION

Instructions

1. Print all information. All items must be completed.
2. Be sure to sign and date the application.
3. Mail the completed application to the address shown below.

The date the application is received by the Pension Plan Office will govern the effective date of your pension benefits.

(Please Print)

Name: _____
(last) (first) (middle)

Professional Name: _____
(last) (first) (middle)

Address: _____

_____ City State Zip

Social Security Number: _____ Gender: M _____ F _____

Date of Birth: _____ U.S. Citizen: Yes _____ No _____
Month / Day / Year

Desired Effective Date of Pension: _____
(Month) (Day) (Year)

Records of employment and earnings under Screen Actors Guild Agreements during the period of 1937 to 1960:

_____ Is submitted herewith. _____ Was previously submitted. _____ Is not applicable.

I hereby apply for a Pension from the Screen Actors Guild-Producers Pension Plan for Motion Picture Actors. I certify that all statements made in this application are true and correct to the best of my knowledge. I understand this application will not be considered valid unless all of the above items are completed.

Date

Signature

For Office Use Only

P.O. BOX 7830 • BURBANK, CA 91510-7830
(818) 954-9400 • PENSION FAX (818) 973-4467 • (800) 777-4013 (EXCLUDES LOS ANGELES AREA)