

SAG-PRODUCERS PENSION PLAN

3601 W. Olive Ave., Burbank, CA 91505 • Mailing Address: P.O. Box 7830, Burbank, CA 91510-7830
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Pension Applicant Information Form

To begin the retirement process, please complete and return this application (please print).

Name

Last:	First:	Middle:
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Professional name

Last:	First:	Middle:
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Address

Street:		
City:	State:	Zip:
Phone:	Email:	

Social Security number

— —	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Date of birth (MM/DD/YYYY)

/ /	U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
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Desired effective date of pension (MM/YYYY)

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Records of employment and earnings under Screen Actors Guild Agreements from 1937 to 1960:

Submitted here Submitted previously Not applicable

I am applying 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 that this application will not be considered valid unless it is complete.

Participant signature

Date

For office use only