

## SCREEN ACTORS GUILD CLIENT CONFIRMATION

| Agency Name:   | Date:  |
|--|--|
| To:  |  |
| To:(Name of Actor)   |  |
|  |  |
| Address:   | Effective Date:  |
|  |  |
| Social Security No.:   | Commission Rate:   |
| This will confirm our agreement to represent you as Jurisdiction:                                      | your agent in the following fields within Screen Actors Guild's                    |
| [Mark appropriate space(s)]  |  |
| ☐ Theatrical Motion Pictures   | ☐ If Other, Please Specify   |
| ☐ Television Motion Pictures<br>☐ Television Commercials   |  |
| This oral agreement is evidenced by the provisions i<br>Agency Contract and SAG Television Commercials | in those certain documents entitled SAG Motion Picture/Television Agency Contract. |
| Said representation is in accordance with Screen Ac remain effective until such authority is revoked.  | tors Guild Agency Regulations, Rule 16(g), as amended, and shall                   |
| The following agent(s) shall be deemed responsible   | for your agency affairs for purposes of continuity of management:                  |
|  |  |
|  |  |
| (CM-l agents may insert one name; CM-2 and CM-3  | 3 agents may insert two names).  |
| Tale   | nt Agency Name   |
| Sig  | nature of Agent  |

This talent agency is licensed by the Labor Commissioner of the State of California. The form of this contract has been approved by the State Labor Commissioner of the State of California on the 11th day of January, 1991. The form of contract has been approved by SAG. This talent agency is franchised by Screen Actors Guild, Inc.