



SAG-AFTRA RESIDUALS CHECK AUTHORIZATION FORM

You are hereby authorized and directed to send my residual checks for the production or markets listed below to the following franchised talent agent:

Agency Name and 10 number. LITTI	MAN TALENT GROUP, INC.
020	054393
DATE	ARTIST'S SIGNATURE
SOCIAL SECURITY NUMBER	ARTIST'S NAME (Printed or Typed)
LOAN OUT COMPANY NAME	FEDERAL ID#
<u>Initial below</u> from Section A <u>or</u> Section	on B. If both are selected SAG-AFTRA will default to Production only:
SECTION A: All Commissionable Resid	duals Check Authorization
NETWORK PRIMETIME/ Exhibit A	4/ CW (All Commissionable Checks)
NON-NETWORK (SYNDICATION))/ NON-PRIMETIME FREE TV (All Commissionable Checks)
For Section A Only: This Authorization SUPERSED agency or any other agency.	ES ANY PRIOR DATED AUTHORIZATION that SAG-AFTRA may have on file for me with this
SECTION B: Episodic Check Authoriza (Syndication)/ Non-Primetime Free T	ation Only (Network Primetime/ Exhibit A/ CW, Non-Network V)
Production Company:	
Production Series/Title:	
Production Episode #/ Title:	
Please deliver to either office:	

Los Angeles SAG-AFTRA: Professional Representatives Dept., 5757 Wilshire Bl., 7th Fl., Los Angeles, CA 90036 New York SAG-AFTRA: Professional Representatives Dept., 1900 Broadway, 5th Floor, New York, NY 10023

This authorization will remain in effect until **WRITTEN** notice of revocation is made by actor. I hereby agree to indemnify and hold SAG-AFTRA harmless of and from any and all loss, cost or expense which may be incurred or suffered by SAG-AFTRA, by reason of any action taken by SAG-AFTRA, in reliance upon this authorization. SAG-AFTRA will accept **ORIGINAL** signatures only, no photocopies. This authorization covers work in SAG-AFTRA's jurisdiction. Please retain copies for your records.