



UBCP/ACTRA MEMBER OR PERMITTEE AUTHORIZATION AND INDEMNITY FILM, TELEVISION, AND NEW MEDIA RESIDUAL PAYMENTS ONLY

RESIDUALS/USE FEES MAILED TO YOU, THE PERFORMER, OR TO YOUR TALENT AGENT?

As you know, Talent Agents can charge Performers a commission on wages, including Residuals/Use Fees, in accordance with B.C. Employment Standards as indicated on the [Talent Agencies Factsheet](http://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards/factsheets/talent-agencies) at <http://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards/factsheets/talent-agencies>. Our practice at UBCP/ACTRA has been to mail your Film, Television and New Media Residuals/Use Fees directly to you, the Performer. This enables you to pay your Talent Agent(s) any commissions that may be due.

However, there is another option. You may wish to have your Residuals/Use Fees mailed directly to your current Talent Agent. Should you choose this option, please fill out this **“Authorization and Indemnity Form”** and return it to Kaayla Kenna at kaayla.kenna@ubcp.com. This form is only required should you wish to have all Film, TV and New Media Residuals/Use Fees mailed to your current Talent Agent instead of to you.

The choice is yours.

Date:	
Performer Name (the “Performer”):	
Performer Address:	
Performer e-mail and phone:	
Performer’s S.I.N/S.S.N. number:	
Agent for Principal Work (the “Principal Agent”):	
Principal Agent’s Company:	
Principal Agent’s Address	

1. I, the Performer, hereby authorize the Union of B.C. Performers/ACTRA (the “Union”) to pay all residual and use fees actually received by the Union and due to me to the Principal Agent.
2. I confirm that payments made to the Principal Agent “Agent” will fully satisfy the Union’s payment obligations to me as if the Union had paid all amounts to me directly.
3. If I desire to withdraw this authorization because I am no longer represented by the aforementioned Agent or for any other reason, I acknowledge that I must advise the Union in writing for such withdrawal to take effect.
4. I understand that I have the right to contact the Union in order to verify any information regarding payments forwarded to the Union by an engager or producer.
5. I agree to indemnify and hold the Union harmless regarding any payment forwarded to the Agent, and I confirm that I will look only to the Agent to receive any monies owing to me.
6. I understand that notwithstanding this document, the Union reserves the option and right, in its absolute discretion, to forward payments to me directly in place of the Agent.

<p>X</p> <p>_____ Performer’s Signature</p> <p>Printed Name: _____</p>	<p>Parent or Guardian’s Printed Name and Signature (if under nineteen years of age):</p> <p>X</p> <p>_____ Printed Name: _____</p>
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