

Office Use Only:

Resid. Recv'd: Date \_\_\_\_\_ Action \_\_\_\_\_  
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Rev 4-2-12

**GIFT AND DISCLAIMER OF INTEREST IN PERFORMER RESIDUALS (Performer)**

I, \_\_\_\_\_, whose social security number or federal tax identification number is \_\_\_\_\_, hereby irrevocably give, as a gift and without consideration, all of my right, title, and interest in any residuals paid or to be paid in the future for my services as a performer to the following recipient:

**Recipient or Charity Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip Code:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Recipient's SSN / CharityTax ID No:** \_\_\_\_\_

I also hereby disclaim any of my right, title, and interest in any residuals paid or to be paid in the future.

I hereby agree to mail or deliver a copy of this document to the above-referenced recipient. In the event I fail to mail or deliver this document to the recipient, I hereby authorize the SAG-AFTRA to do so on my behalf.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**INDEMNITY AGREEMENT, INCLUDING AGREEMENT TO PAY ATTORNEYS' FEES**

**By executing this Indemnity Agreement, I hereby agree to defend, indemnify and hold SAG-AFTRA, Inc. and any payors of residuals harmless for any loss, liability, damage or costs, INCLUDING COURT COSTS AND ATTORNEYS' FEES, that may arise from their reliance on this Gift and Disclaimer or any action to enforce this Agreement.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**AREA BELOW FOR USE BY NOTARY PUBLIC ONLY**

State of \_\_\_\_\_)

County of \_\_\_\_\_)

Subscribed and sworn to (or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Place Notary Seal Above

Signature of Notary Public