

ACTRA

APPENDIX "O" MINORS' TRUST DEDUCTIONS

Article 1611 of the National Commercial Agreement reads as follows:

After a Minor's total lifetime remuneration reaches \$5,000, 25% of the Minor's gross remuneration shall be deducted from the total payment due to the Minor by the Engager and remitted to the ACTRA PRS, which shall hold such monies in trust for the Minor upon terms and conditions consistent with the obligations of the ACTRA PRS to act as a trustee. ACTRA PRS shall keep track of the Minor's earnings to determine whether the \$5,000 level has been reached.

Please mail or fax copies to **ACTRA Performers' Rights Society (ACTRA PRS)**
625 Church Street, Suite 300, Toronto, Ontario M4Y 2G1 **Attention: Administrator**
THIS FORM MUST BE COMPLETED IN FULL

Tel: (416) 489-1311
Toll-free: 1-800-387-3516
Fax: (416) 489-1040
E-mail: prs@actra.ca

Engager/Ad Agency	Production Date	e
Telephone ()	Fax ()	Sponsor/Product
Email	Commercial Name/Number	
Street Address		
	TV	Radio
	Session	Residual
City	Postal Code	Other

Social Insurance Number	Performer's Name			Performance Category	Minor's Gross Earnings	Trust Deduction 25% of Gross Earnings
	Last	First	Initial			

Total gross compensation remitted to ACTRA PRS: \$	FOR ACTRA OFFICE USE ONLY
Late-penalty charges (per Section 26): \$	
	Cheque No. Amount \$
	Date Rec'd. Branch

Please direct all payments to ACTRA PERFORMERS' RIGHTS SOCIETY.

Only Engagers who are signatory to the National Commercial Agreement ("NCA") are eligible to make contributions to ACTRA on behalf of eligible Performers employed by such Engagers. Any contributions submitted by a non-signatory Engager will not be accepted.

I certify that the above-named Engager is signatory to the NCA. By signing this agreement, the Engager acknowledges that it has accepted and agreed to be bound by the NCA to which the Engager is a signatory. I further certify that the information contained herein is correct, and that all compensation subject to Minors' Trust deductions (25% of gross earnings) during the period covered has been reported herein.

Name and Title _____ Signature _____ Date _____