

EMPLOYER: _____

Signature of Employer or Employer Representative: _____

SAG-AFTRA Reporting Member: _____

SAG-AFTRA Reporting Member's Phone No.: _____ Date: _____

EXHIBIT D

SAG-AFTRA COMMERCIALS CONTRACT

MEMBER-CONTRACTOR STANDARD REPORT FORM

OFF-CAMERA SINGERS

KEY TO TYPE OF PERFORMANCE

- SC – Singers Contractor
- SS – Singers Soloist-Duo
- S-3 – Group Singers
- S-6 – Group Singers
- S-9 – Group Singers

The only reason for requesting information on ethnicity, sex, age, and disability is for the talent unions to monitor applicant flow. The furnishing of such information is on a VOLUNTARY basis. The Producer's signature on this form shall not constitute a verification of the information supplied by performers.

Date of Engagement: _____ Studio Facility: _____ Address: _____

Advertising Agency: _____ Address: _____ Tel. No.: _____

Producer (if other than Agency): _____ Address: _____ Tel. No.: _____

Advertiser: _____ Product: _____ Fees to Be Paid By: _____

- (1) SEX – Male – M, Female – F
- (2) AGE – 40 & Over = +
Under 40 = -
- (3) ETH. – Asian/Pacific -AP
Black -B
Caucasian -C
Latino/Hispanic -LH
Native American -NA
Other -O

Type of Commercial: Dealer Seasonal Cable Test Market New Media Non-Air

Wild Spot Class A Program Foreign Theatrical/Industrial Internet

Ad-ID Codes /Commercial Titles: _____

Performer's Name and Social Security Number	Performer To Initial	Type of Perf.	No. of Comm'l's	Hours Employed						Performer's Total Comp.	Check Appropriate Columns										Check if Disabled						
				Studio Time		Travel Time		Meal Period			Sex (1)		Age (2)		Ethnicity (3)												
				In	Out	In	Out	In	Out		M	F	M	F	AP	B	C	LH	NA	O							

Group Singer: Multi-tracking or sweetening: Yes No

Solo/Duo Multi-Tracking: Yes No

 Sweetening: Yes No

 If yes, # of tracks: _____

The information contained in this Report Form is obtained from the contract or contracts, oral or written, which the undersigned employer has entered into with the member of SAG-AFTRA whose names are listed hereon.

This engagement shall be governed by and be subject to the applicable terms of the SAG-AFTRA Commercials Contract.

The undersigned certifies that the foregoing information is true.

Notes: _____

Employer or Representative of Employer

Pink Copy – Employer
Yellow Copy – Member(s)
White Copy – Mail to SAG-AFTRA