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.

(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

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

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

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

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

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 Comml'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:_____

Notes:_____

_____

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.

Employer or Representative of Employer

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