



PAYROLL

A BONDIT COMPANY

EMPLOYMENT FOR A MINOR CHILD

STATE OF NEW YORK TRUST FUND "COOGAN ACCOUNT" INFORMATION

I hereby acknowledge that ABS Payroll & Production Accounting Services and its subsidiaries and/or affiliates will withhold a sum equal to the mandatory 15% of the gross earnings of my minor child whose name appears below. This acknowledgement will remain in effect only in connection with his/her services on the project presently entitled:

PROJECT NAME: _____

Said deductions should commence effective as of the minor's date of hire and shall continue until completion of all services on the above referenced project. ABS agrees to deposit all sums to the established New York Minors Trust Account within thirty days of the payroll check date. I am aware that funds cannot be deposited until ABS receives the bank information. Further, I fully understand that if bank information is not received within 180 days of employment, all sums withheld will be sent to "The Actor's Fund of America" as trustee of those funds and that ABS shall have no further obligation or duty to monitor or account for those funds. No interest will be accrued or paid while these sums are being held pending the setup of the trust account.

I am aware that in accordance with New York state law, ABS does not need my authorization to deduct the 15% from my minor child's gross earnings. I am also aware that it is my responsibility to have the proper trust fund account set up prior to the employment of my minor child. I understand that if I do not have the proper documentation for my minor child's earnings to be placed in a Blocked Trust Account, ABS will still deduct the 15% and place it in a non-interest bearing account until the documentation is received. If bank information is not provided within the 180 days, I understand that sums withheld will be remitted to "The Actor's Fund of America" as trustee.

In accordance with the attached trust documents, please arrange for deposits of these deductions to the following account:

Minor's Name _____

Social Security #: _____ Birth Date: _____

Bank Name _____ Account Number _____

Bank Address _____

Bank City _____ State _____ Zip _____

Bank Contact Person: _____ Bank Phone #: _____

Executed this _____ day of _____, 20_____

at (city) _____ (state) _____

I declare under penalty of perjury under the laws of the State of New York that the foregoing is true and correct.

Printed Name

Signature

Day Phone

Evening Phone