

**SAG-AFTRA EMPLOYMENT CONTRACT – CORPORATE/EDUCATIONAL AND NON BROADCAST RECORDED MATERIAL**Job # **CHR0021**

Date

Please return to **AGENCY PRODUCER B. L**This Agreement made this **20** day of **December**, between **CMC Forecast Inc. obo Droqa5 LI** Producer, and

Performer.

**Alexandria Filer**1. SERVICES. Producer engages Performer and Performer agrees to perform services in a program tentatively entitled **Alexandria Filer** to portray the role of **JPMorgan Chase Bank, Nation** (client).2. CATEGORY. Indicate the initial primary use of the program. ☐ Cat. I (Industrial/Educational) ☒ Cat. II Point of Purchase (Inc. Cat I)3. NUMBER OF CLIENTS. Indicate the number of clients for which the program will be used. **1**

4. TERM. Performer's employment shall be for the continuous period commencing and continuing until completion of photography and recodation of said role. Exception (for Day Performers Only) Performer may be dismissed and recalled without payment for intervening period provided Performer is given a firm recall date at time of engagement. If applicable, Performer's firm recall date is

5. COMPENSATION. Producer employs Performer as ☒ On-Camera ☐ Off-Camera ☐ On-Camera Narrator/Spokesperson

<input checked="" type="checkbox"/> Day Performer	<input type="checkbox"/> 1/2 Day Performer (restricted terms)	<input type="checkbox"/> Singer, Solo/Duo	<input checked="" type="checkbox"/> General Background Actor	Studio
<input type="checkbox"/> 3-Day Performer	<input type="checkbox"/> Dancer, Solo/Duo	<input type="checkbox"/> Singer, Group	<input type="checkbox"/> Special Ability Background Actor	City
<input type="checkbox"/> Weekly Performer	<input type="checkbox"/> Dancer, Group	<input type="checkbox"/> Singer, Step Out	<input type="checkbox"/> Silent Bit Background Actor	State

at the salary of: On-Camera **CAT-2 General BG** per ☒ Day ☐ 3-Day ☐ Week

Off-Camera

for the first hour,

for each additional half hour.

Producer must mail payment not later than thirty (30) calendar days after employment.

6. OVERTIME. All overtime rates MUST be computed on Performer's full contractual rate, up to permitted ceilings (NO CREDITING). Straight time is 1/8th of Day Performer's Rate, 1/24th of 3-Day Performer's Rate, 1/40th of Weekly Performer's Rate. Time-and-one-half rate: payable per hour (1.5 x straight time rate.) Double time rate: payable per hour (2 x straight time rate). See the Basic Contract for details. Weekly and 3-Day Performer for time-and-one-half and doubletime rates per hour.

7. WEEKLY CONVERSION RATE. See the applicable Basic Contract for details (Day Performer or 3-Day Performers Only).

The Performer's weekly conversion rate is per week.

8. PAYMENT ADDRESS. Performer's payment shall be sent to the appropriate Union office in city nearest recording site.

8A. Agent Name and Address

9. ADDITIONAL COMPENSATION FOR SUPPLEMENTAL USE - Producer may acquire the following supplemental use rights by the payment of the indicated amounts. (Check appropriate items below.) See the applicable Basic Contract for details of payment.

	Within 90 Days (Total Applicable Salary)	Beyond 90 Days (Total Applicable Salary)
<input type="checkbox"/> A. Basic Cable Television, 3 Years. Supplemental Use rights are a % of the total actual salary	15%	65%
<input type="checkbox"/> B. Non-Network Television, unlimited runs	75%	125%
<input type="checkbox"/> C. Theatrical Exhibition, unlimited runs	100%	150%
<input type="checkbox"/> D. Foreign Television, unlimited runs outside US and Canada	25%	75%
<input type="checkbox"/> E. Integration and/or Customization	100%	100%
<input type="checkbox"/> F. Sale and/or Rental to Industry	15%	25%
<input type="checkbox"/> G. "Package" Rights to A, B, C, D, E, and F	200%	Not Available
<input type="checkbox"/> H. Category II (point of purchase of Category I program only)	50%	100%
<input type="checkbox"/> I. Network Television (available only by prior negotiation with and approval of the Union)*		
<input type="checkbox"/> *Performer does not consent to the use of his/her services made hereunder for Network Television		
<input type="checkbox"/> J. Pay Cable Television (available only by prior negotiation with and approval of the Union)**		
<input type="checkbox"/> **Performer does not consent to the use of his/her services made hereunder for Pay Cable Television		
<input type="checkbox"/> K. Group Dancers (See Basic Contract for payment provisions)		
<input type="checkbox"/> L. Program for Government Service Only	40%	Not Available

10. SALE AND/OR RENTAL OF PROGRAMS TO THE GENERAL PUBLIC. Producer may acquire sale/rental rights for an additional 200% of scale for the number of days worked.

11. WARDROBE. If Principal Performer furnishes own wardrobe, the following fees shall apply for each two-day period or portion thereof:

Ordinary Wardrobe (\$19 Minimum); Evening or Formal Wear (\$29 Minimum)

If Extra Performer furnishes own wardrobe, the following fees shall apply:

Ordinary Wardrobe, 1st change @ \$19 ☐ Yes; # add'l changes @\$6 ea.; Formal/Dress/Period Wear # costume changes @\$29 ea.

12. SPECIAL PROVISIONS. Hit Return key for multiple lines.

13. GENERAL. All Terms and conditions of the current Non-Broadcast/Industrial/Educational Recorded Materials Contract (Basic Contract) shall be applicable to such employment.

Producer

Signature

Performer

by

Soc Sec #

Name &amp; Title

Address **120 Wall St. 11th Fl.**

Address

City, State, Zip

City, State, Zip

NOTE: Performer Must Complete W4 Form. - If minor, parent or guardian must sign.

## SAG-AFTRA EMPLOYMENT CONTRACT – CORPORATE/EDUCATIONAL AND NON BROADCAST RECORDED MATERIAL

**Producer** CMC Forecast Inc. obo Droga5 LLC  
**Client** JPMorgan Chase Bank, National Association  
**Title**  
**Performer** Alexandria Filer

Date Worked	Work Time From To	Meals From To	Travel to Location From To	Travel from Location From To	Makeup/ Fitting From To	Perf. Initial
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Performer's Signature or Initials:


**Employer of Record for Income Tax & Unemployment Insurance is:**

Extreme Reach Talent, Inc. (fka Spotlight Payroll, Inc.) , 111 W. Jackson Blvd., Suite 1525, Chicago, IL 60604 312-726-4404

Performer's phone number is



Performer's email address is



Form **W-4**

Department of the Treasury  
Internal Revenue Service

**Employee's Withholding Allowance Certificate**

For Privacy Act and Paperwork Reduction Notice, see reverse.

OMB No. 1545-0074

**2015**

1 Type or print your first name, middle initial and last name  
**Alexandria D Filer**

2 Your home address (number and street or rural route)  
[Redacted]

Home address (number and street or rural route)  
[Redacted]

3 ☒ Single ☐ Married ☐ Married, but withhold at higher Single rate.

Note: If married, but legally separated, or spouse is nonresident alien, check the Single box.

4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information. ☐

5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) **1**

6 Additional amount, if any, you want withheld from each paycheck.

7 I claim exemption from withholding for 2015 and I certify that I meet **BOTH** of the following conditions for exemption:

- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability.

If you meet both conditions, enter "EXEMPT" here. **EXEMPT**

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature

Date >

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)

9 Office code (Optional)

10 Employer identification number