
Performer Name – PLEASE PRINT

SS # or performer ID #

Date

Dear _____:
(Name of Agency)

I am writing to inform you that I wish to terminate my Standard AFTRA Agency
Contract dated _____ as of _____.
(Contract Date¹) (Date of termination)

I am citing (CHOOSE ONE) as the reason for termination:

- Paragraph 5a of Exhibit C²
- Paragraph 5 of Exhibit C-1³

Sincerely,

Performer's signature

CC: AFTRA National (fax 212-686-4925) or Los Angeles Local office (fax 323-634-8190)

¹ The Contract Date or Term of the AFTRA Agency contract can be found in Paragraph 2 of Exhibit C or Exhibit C1

² Exhibit C is the Standard AFTRA Exclusive Agency Contract Under Rule 12C

³ Exhibit C1 is the Standard AFTRA Commercial Exclusive Agency Contract Under Rule 12C