



Section 1:

State of California Trust Account Deduction Authorization

(initial) ER I hereby acknowledge that pursuant to the California State Bill 1162 and 210, Knowledge Services' affiliate, KHI Solutions, Inc. ("KHI") will withhold the mandatory minimum of 15% of gross earnings of the minor child (whose name appears below) for deposit in the minor child's Trust Account. I also acknowledge that I may direct to have the remaining amount of the minor child's earnings (net of applicable federal, state and local taxes of the entire gross earnings) to be deposited in the minor child's Trust Account.

This acknowledgement will remain in effect only in connection with his/her services provided on the project presently entitled:

Said deductions should commence effective as of the minor's date of hire, and shall continue until the completion of all services on the above referenced project. KHI agrees to deposit such sums to the established Trust Account each payroll period. I am aware that funds cannot be deposited until KHI receives the bank information that is required below. Further, I understand that if the required bank information is not received within 7 days of the minor's employment start date, KHI will deposit such statutorily required funds into a non-interest bearing account. If no Trust Account information is received within 180 days, all sums withheld will be sent to the "The Actor's Fund of America" as trustee of those funds, and KHI shall have no further obligation to monitor or account for those funds. No interest will be accrued or paid while these sums are being held pending the set-up of the Trust Account.

I rust Account Information								
Account Holder Information:								
Minor's Name: Tyson Vincent Motel	Minor's Birth Date:	1/27/2010	Minor's SSN:	625-79-4057				
Banking Information:								
Bank Name: Sag-Aftra Federal Credit Union		Attention:						
Bank Phone:		Bank Address:						
		P.O.Box 11419 Burbank, CA 91510						
Account Number: 20180000084928		I wish to deposit (minimum of 15%): ER						

I declare that the foregoing is true and correct: Parent Printed Name: Elizabeth R Motel

Parent Signature: Elizabeth R. Motel

Date: 10/26/2022

Please Note: You must provide a copy of the passbook, deposit slip or other official document proving the existence of the trust.

The Routing # and Account # must be included

Section 2:	Direct Deposit Authorization						
Bank Account Information							
Start Direct D	eposit	Change Direct Deposit	Mailed Check	100% in Trust Fund			
BANK ACCOUNT							
Bank Name:							
	(Please complete Routing # and Account # twice in order to ensure accuracy)						
Routing #:		Account #:					
Routing #:		Account #:	<u>-</u> .				

In order to enroll in direct deposit, a bank letter must be faxed to employer, along with the completion of this form.

See the Minor Trust Deduction Guidelines for details required in the bank letter. \triangleright

Direct Deposit Authorization Signature

I hereby authorize the employer to initiate automatic deposits to the account at the financial institution named above. I also authorize employer to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold employer responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until employer receives a written notice of cancellation from me or the financial institution named above, or until I submit a new direct deposit form to the Payroll Department.

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Authorized Signature (Primary): Elizabeth R. Motel	_{Date:} _10/26/2022	
Authorized Signature (<i>Joint</i>):	_{Date:} 10/26/2022	_

(If worker does not have authority to authorize deposits into Joint Account)