



## Minor's Trust Fund Election Form

Minor's Name (please print)

Social Insurance Number

Date of Birth

Minor's ACTRA Membership Number (if applicable)

Minor's Address

Name of Parent or Legal Guardian (please print)

Relationship to Minor

I the undersigned Parent/Legal Guardian of the above noted Minor have read the material describing the options available and make my selection(s) as indicated. I understand and agree that I may change my option selection at any time by completing and resubmitting a Minor's Trust Option Selection form, provided that I comply with the conditions of contribution requirements outlined for each of the options currently available. In the event that I make no selection I am aware that the Bond Fund will be the default Fund until such time as a Minor's Trust Option Selection form is returned to the ACTRA Performers' Rights Society.

### FUND OPTIONS

- Bond Fund (default Fund) No minimum contribution is required.
- Balanced Fund Minimum initial contribution of \$5,000.
- Registered Education Savings Plan ("RESP") (maximum contribution of \$4,000 per year) Minimum initial contribution of \$100 required.

I have elected the Bond Fund Option, since my Minor's earnings do not meet the minimum requirements of my preferred Fund. However, once the required contribution amount is reached, please transfer the balance and direct all further contributions to:

- Balanced Fund Minimum initial contribution of \$5,000.
- Registered Education Savings Plan ("RESP") (maximum contribution of \$4,000 per year) Minimum initial contribution of \$100 required.

In the event of RESP contributions reaching the annual or lifetime maximum allowed, I hereby make my selection below for the deposit of any excess contribution to be directed to:

- Bond Fund No minimum contribution is required.
- Balanced Fund Minimum initial contribution of \$5,000.

### Authorization:

I acknowledge that any of the powers, authorities and discretion given to the ACTRA Performers' Rights Society with respect to the Minor's Trust shall not involve them in any liability notwithstanding any loss that may occur as a result of my Trust Fund election option.

Signature of Parent or Legal Guardian

Date

Please mail or fax copies to:  
**ACTRA Performers' Rights Society**  
 625 Church Street, Suite 300, Toronto,  
 Ontario M4Y 2G1  
**Attention: Administrator**

Tel: (416) 489-1311  
 Toll Free: 1-800- 387-3516  
 Fax: (416) 489-1040  
**prs@actra.ca**