

Crew & Talent - Address Change Request Form

Please fill out this form, print, sign, and return to EP using one of the following methods:

Email: <u>paymentsupport@ep.com</u>
Fax: 818.688.0486

Employee Information			
First Name:	Last Name:		
Corporation Name (if applicable):		Corpora	ation Tax ID:
For multiple corporations, please complete a separa			200
Phone:			ЮВ:
Email:			
Employee Resident Address			
Address:			
City:			ZIP:
Employee Mailing Address (if different fr	om resident or if you wan	t to add an Ann	proved Representative on file)
C/O Representative's Name and Organization			
Address:			
		eT.	710.
City:			
Representative's Email:		Phone:	
Loan Out Corporation Mailing Address	ss		
C/O Representative's Name and Organization	(if applicable):		
Address:			
City:	ST:	ZIP	:
☐ Please change the individual address only	_		
☐ Please change the corporation address or			
☐ Please change both individual & corpora	ation addresses.		
Need of a Tax Form copy also (specify: W-2, 10)99. Canadian. G2FP. 592b. W	2c):	Tax Year*
Select "one" Tax Copy Delivery Method:		•	
* 7 years of h	istorical tax statements a	are available.	
Signature*:	Relation to employee*_		Date:
Parent/Guardian Name (<i>Required if employee i</i>	is a minor):		
Parent/Guardian Signature			Date:

* If you are the employee, state "self" under relation. If you are signing on behalf of a business, state your title (i.e., Business Manager, Bookkeeper, etc.). If you are signing on behalf of another person, state your relationship (i.e., Personal Representative, Spouse, Parent, etc.). Attach a copy of your appointment as business/personal representative, power of attorney, etc., as applicable.

PLEASE NOTE: EP requires a "wet signature" from the employee or their approved representative on file. However, EP will accept a markup signature from an iPhone or Android.