

Appointment Termination Form

From:	Full Name:
	Email:
	Address:
	MROC Performer ID (if available):
	International Performer ID (IPN):
То:	Musicians' Rights Organization Canada ("MROC") 150 Ferrand Drive, Suite 202B Toronto, Ontario M3C 3E5 CANADA
I wish the letter.	to terminate my Appointment and Authorization Agreement with MROC in accordance with the terms of this Effective December 31, 2024 (the "Termination Date"), I wish the collective management organisation ("CMO") below to be responsible for collecting my remuneration and distributing it directly to me or to my designated entative.
CMO : .	ACTRA RACS
Termin	rity, I acknowledge that MROC will continue to collect and distribute remuneration on my behalf until the nation Date which is subject to the notice provisions of my Appointment and Authorization Agreement. Most of all) Agreements that performers sign provide for a 5-year appointment that automatically renews for sive 5-year terms, subject to revocation upon written notice given at least 30 days prior to any renewal.
I furthe	er acknowledge that, thereafter, MROC will no longer collect any remuneration on my behalf.
I autho	orise the CMO named above to take any further steps necessary to give full effect to this letter.
Yours t	ruly,
Signed	: Date: