

EXHIBIT "C-2"

**DIRECTOR DEAL MEMORANDUM
(TELEVISION AND HIGH BUDGET SVOD PROGRAMS
PER SIDELETTER NO. 35 TO BA)**

This confirms our agreement to employ you to direct the project described as follows:

DIRECTOR INFORMATION

Name: _____ SSN# (last 4 digits): _____

Loan-out: _____ FID #: _____

Address: _____ Tel. #: _____

Start Date (on or about): _____ Guaranteed Period: ____ ☐ Days ☐ Weeks

Salary (U.S. dollars): \$ _____ ☐ per Program ☐ per Week ☐ per Day

Additional Time: \$ _____ ☐ per Week ☐ per Day

Check, if applicable: ☐ Second Unit Director ☐ Segment
☐ Added Scenes/Retakes

Other Conditions (include credit above minimum): _____

PROJECT INFORMATION

Project Title: _____

Episode #: _____ Episode/Segment Title: _____

Length of Television Program: ☐ 30 min ☐ 60 min ☐ 90 min ☐ 120 min
☐ Other: _____

Length of High Budget SVOD Program:

☐ 25-35 min ☐ 36-65 min ☐ 66-95 min ☐ 96 min or more

Is this a Pilot? ☐ Yes ☐ No

Produced Primarily for initial exhibition/availability:

A. Where (Please check only one of the following boxes.)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Network TV | <input type="checkbox"/> Non-Network Free TV |
| <input type="checkbox"/> Basic Cable | <input type="checkbox"/> Pay TV |
| <input type="checkbox"/> Home Video | <input type="checkbox"/> High Budget SVOD (as defined in
Sideletter No. 35 of BA) |

B. When (Complete this Subsection B. only for a picture made for initial
Network TV, Non-Network Free TV, or Pay TV exhibition).
(Please check only one of the following boxes.)

- ☐ Prime Time ☐ Non-Prime Time

Type of Production: ☐ Multi-Camera ☐ Single Camera

If High Budget SVOD Program, please also indicate name of platform for which
program is made: _____

INDIVIDUAL having final cutting authority over the film is: _____

The Employee hereby authorizes the Employer to deduct from his or her salary the amount specified in the Directors Guild of America Basic Agreement as the Employee's contribution to the Directors Guild of America–Producer Pension Plan. The Employer will pay the amount so deducted directly to the Pension Plan on the Employee's behalf.

THE UNDERSIGNED RESERVES THE RIGHT TO DISCHARGE THE EMPLOYEE AT ANY TIME SUBJECT ONLY TO THE OBLIGATION TO PAY THE BALANCE OF ANY COMPENSATION DUE, TO THE EXTENT REQUIRED BY THE DGA BASIC AGREEMENT, TO WHICH THIS EMPLOYMENT IS SUBJECT.

Accepted and Agreed:

Signatory Employer (Company Name): _____
(print)

Signatory Employer Representative Signature: _____

Date: _____

Employee Signature: _____ Date: _____