



# Film Musicians Secondary Markets Fund

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www.fmsmf.org

## MUSICIAN CONFIRMATION FORM

	LAST NAME	FIRST NAME	MIDDLE NAME
LEGAL NAME:			

PROFESSIONAL NAME:

ADDRESS:

CITY, STATE AND ZIP CODE:

TELEPHONE NUMBER: AREA CODE (    )	E-MAIL ADDRESS:

U.S. SOCIAL SECURITY NUMBER	CANADIAN SOCIAL INSURANCE NUMBER	U.S. TAXPAYER ID NUMBER (FOR FOREIGN PARTICIPANTS)

DATE OF BIRTH:

LOCALS:	SEX (CIRCLE ONE) M F	MARITAL STATUS (CIRCLE ONE) SINGLE MARRIED DIVORCED WIDOWED

INSTRUMENT(S):

SIGNATURE: (USE FULL LEGAL NAME)	DATE SIGNED:

FOR OFFICE USE ONLY:	
FORM SENT BY: _____ EMPLOYEE INITIALS	DATE SENT: _____