

BENEFICIARY DESIGNATION FORM

*Please read instructions carefully. Please **PRINT** legibly in blue or black ink*

IMPORTANT ADVISORY

- This form is a legal document and cannot be altered with Whiteout. If you make a mistake, please cross it out and initial the correction. If you wish to change your Beneficiary and/or Musician's Final Beneficiary, a new form must be completed.
- A beneficiary designation may be subject to certain legal limitations, including limitations with respect to surviving spouses in certain jurisdictions. Musicians may wish to consult with an attorney for further information before designating a beneficiary. The Fund does not, and does not purport to, offer legal or tax advice.

Please read this entire document carefully and then complete all four sections below.

SECTION 1 -- MUSICIAN INFORMATION			
Provide Musician's information <i>only</i> . Please complete the entire section with your information.			
First Name		Middle Name	Last Name
Mailing Address		City	State ZIP
Marital Status			
Single <input type="checkbox"/>		Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Birthdate	Telephone #		Email
U.S. Social Security # (SSN) or U.S. ID# (TIN)		Canadian SIN#	

SECTION 2 -- BENEFICIARY INFORMATION			
This section is to be filled in with your Beneficiary's information. You <i>must</i> include his/her name, Taxpayer Identification Number and contact information.			
First Name		Middle Name	Last Name
Mailing Address		City	State ZIP
Relationship			
Birthdate	Telephone #		Email
U.S. Social Security # (SSN) or U.S. ID# (TIN)		Canadian SIN#	

SECTION 3 -- MUSICIAN'S FINAL BENEFICIARY			
This section is to be filled in with the information of your Musician's Final Beneficiary, to be activated upon death of your Beneficiary. You <i>must</i> include his/her name, Taxpayer Identification Number and contact information.			
You may name up to TWO Musician's Final Beneficiaries (a/k/a "MFBs"). If you name two MFBs, please specify the percentage of residuals that each shall receive in the space provided (must total 100%). If two MFBs are named and no percentage is specified, the residual share will be split equally 50%-50%.			
First Name		Middle Name	Last Name
Mailing Address		City	State, ZIP
Relationship			
Birthdate	Telephone #		Email
U.S. Social Security # (SSN) or U.S. ID# (TIN)		Canadian SIN#	
Percent of residual (Only complete if a second Beneficiary of Beneficiary is named): _____ %			
SECOND MUSICIAN'S FINAL BENEFICIARY (OPTIONAL)			
First Name		Middle Name	Last Name
Mailing Address		City	State ZIP
Relationship			
Birthdate	Telephone #		Email
U.S. Social Security # (SSN) or U.S. ID# (TIN)		Canadian SIN#	
Percent of residual (Only complete if a second Musician's Final Beneficiary is named): _____ %			

SECTION 4 – SIGNATURE AND DATE

SIGN AND DATE BELOW

- I appoint the above-designated Beneficiary and Musician’s Final Beneficiary(ies) under FMSMF Policy.
- I understand that completion of this form revokes any prior beneficiary designation I may have previously filed with the FMSMF, and that in order to change this Beneficiary or Musician’s Final Beneficiary(ies) designation, I must complete and return a new signed and dated Beneficiary Designation Form to the FMSMF prior to my death.
- I swear under penalty of perjury that the information provided by me on this form is true and correct.

 Musician Signature

 Date

- **This form, once submitted to the Fund, will remain active until you provide an updated signed and dated Beneficiary Designation Form.**
- **Failure to complete all fields will delay processing your beneficiary designation.**
- **Only living human beings can be designated as a Beneficiary or Musician’s Final Beneficiary. To avoid any doubt, the terms “beneficiary” and “musician’s estate” specifically exclude entities such as charities, corporations, trusts (other than a trust established only for the specific benefit of a named individual(s) living at the time of the musician’s death) or similar non-human entities.**
- **Fund policies implementing the beneficiary provisions of the AFM Collective Bargaining Agreements are published at the Fund’s website <https://www.fmsmf.org/beneficiary>.**
- **By signing above, I agree and represent that this document may be executed and/or exchanged by facsimile and/or other electronic transmission (e.g., pdf or tif), and any such copy or photocopy (including the signature) shall be deemed to be an original and legally binding, authenticated and admissible for all purposes.**