



**BENEFICIARY CONFIRMATION FORM**

**Fill Out Both Sides**



<b>Section 1</b>	<b>YOUR PERSONAL INFORMATION</b>	
Last Name:	First:	Middle:
Estate/Trust Name (if applicable):		
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to disclose	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
U.S. Social Security #: _____		
Canadian Social Insurance #: _____		
U.S. Individual Taxpayer I.D. (TIN)#: _____		
<input type="checkbox"/> <i>I DO NOT have an appropriate Tax I.D. I understand I will be taxed at the default U.S. tax rate.</i>		
Primary Phone:		Secondary Phone:
Primary Email:		
Participant Musician Name:		Musician Account # (if known):

<b>Section 2</b>	<b>ADDRESS INFORMATION (REQUIRED)</b>	
<b>Primary Residence</b> <b>(Personal address is required for tax purposes. Do NOT use a third-party address.)</b>		
Address:		
Apt/Unit:		
City:	State/Province:	Zip Code:
Country:		

<b>Section 3</b>	<b>REPRESENTATIVE (OPTIONAL)</b>	
<i>I hereby certify that I am authorized to act on behalf of the above-named beneficiary in the following capacity</i>		
<input type="checkbox"/> Executor/Executrix/Administrator of named Estate		<input type="checkbox"/> Authorized Legal Counsel of named Trust or Estate
<input type="checkbox"/> Trustee or Administrator of named Trust		<input type="checkbox"/> Power of Attorney, Conservator, or Guardian
Address of Representative		
Print Name of Representative		Phone # of Representative
Signature of Representative		Email of Representative
<i>This authorization is effective until revoked by above-named beneficiary or by court order, whichever occurs first.</i>		

**Section 4** **GO PAPERLESS & DIRECT DEPOSIT**

Go Paperless – All Correspondence (except for tax forms) will be sent via email.

- ★ Update personal information online
- ★ Payments made via Direct Deposit
- ★ Statements available online

Please send me a username and login details: \_\_\_\_\_  
(enter personal email ONLY)

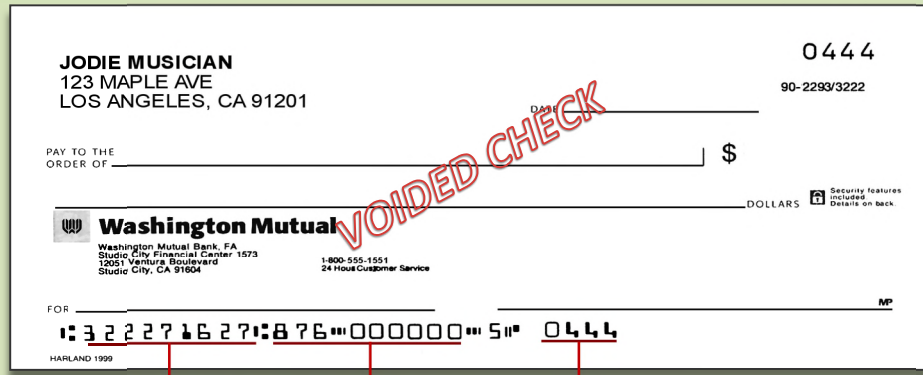
I elect NOT to Go Paperless. I prefer to update all personal information only via written authorization with all payments issued as a printed check mailed via USPS to my mailing address.

**Direct Deposit Account (U.S. Banks Only):**

**Select Type of Direct Deposit Account:**

- Checking Account (attach an original **VOIDED** check)
- Savings Account (no check is required)

PLACE YOUR  
 "VOIDED"  
 CHECK HERE →



routing number      account number      check sequence number

**Business Account? Please attach written verification from your bank that you are the primary account holder.**

Routing/Transit # (9 digits): \_\_\_\_\_

Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

***I authorize the Funds to direct deposit residual payments to my account in the financial institution listed above. If residuals to which I am not entitled are deposited in my account, I authorize the Funds to initiate a correcting (debit) entry.***

**Section 5** **SIGNATURE AND DATE OF AUTHORIZATION REQUIRED**

By my signature, I certify the information provided is true and authorize the Funds to act upon it accordingly.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**HOW TO REACH US**

**Write to: FMSMF/LTVF 15910 Ventura Bl., 9<sup>th</sup> Floor, Encino, CA 91436**

**Call Toll-Free: 888.443.6763      Fax: 818.755.7778      Email: [participantservices@fmsmf.org](mailto:participantservices@fmsmf.org)**