

YOUR PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____

Estate/Trust Name: _____

Date of Birth (MM/DD/YYYY): _____ Gender: M F Prefer not to disclose

Marital Status: Single Married Domestic Partner Divorced Widowed

Street Address 1: _____

Street Address 2: _____

City: _____

State/Province/Region: _____ ZIP/Postal Code: _____

Country: _____

Phone 1: _____ Phone 2: _____

Email: _____

Participant Musician Name: _____ Account # (if known): _____

YOUR APPLICABLE TAX I.D.(S):

U.S. Social Security Number or ITIN: _____

Canadian Social Insurance Number: _____

Employer Identification Number (EIN): _____

I DO NOT wish to provide an appropriate Tax I.D. and understand that I will be taxed at the default statutory U.S. tax obligation.

UPDATES TO PERSONAL INFORMATION

Form of contact (choose one):	<input type="checkbox"/> PAPERLESS: I will access and update my personal information online and select direct deposit for payments (see reverse). All Fund correspondence with the exception of tax forms will be via email. <i>Please send me a username and login details to:</i> _____ <small>(This email address should be accessible only by you)</small>
	<input type="checkbox"/> WRITTEN AUTHORIZATIONS: I wish to update my personal information only via written authorization to the Funds.

REPRESENTATION AUTHORIZATION (COMPLETE ONLY IF YOU ARE ANY OF THE FOLLOWING)

I hereby certify that I am authorized to act on behalf of the above-named beneficiary in the following capacity:

- | | |
|--|--|
| <input type="checkbox"/> Executor/Executrix/Administrator of named Estate | <input type="checkbox"/> Trustee or Administrator of named Trust |
| <input type="checkbox"/> Authorized Legal Counsel of named Trust or Estate | <input type="checkbox"/> Power of Attorney, Conservator, or Guardian |

Print Name of Representative _____ Phone # of Representative _____

Signature of Representative _____ Email of Representative _____

This authorization is effective until revoked by above-named beneficiary or by court order, whichever occurs first.

CHOOSE HOW YOU WISH TO RECEIVE YOUR RESIDUAL PAYMENTS

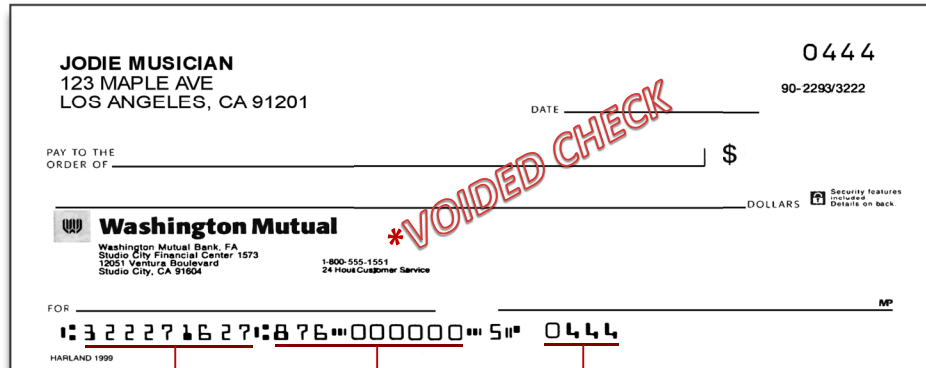
USA Financial Institution:

DIRECT DEPOSIT (minimum payable amount: \$10, if **Paperless**)

Select Type of Direct Deposit Account:

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

*If a **Business Account**, please attach written verification from your Bank that you are the primary account holder.*



routing number
account number
check sequence number

Routing/Transit # (9 digits): _____

Account #: _____

Name of Financial Institution: _____

Financial Institution City/State: _____

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.

PAPER CHECK (minimum payable amount increases to \$50). Mailed via USPS to your address. Checks expire 90 days after issue.

International Financial Institution:

Note: We only offer paper checks mailed via US Postal Service to your address (minimum amount: \$50). We do not offer wire transfers.

SIGNATURE 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: **Film Musicians Secondary Markets Fund** or
Live Television Supplemental Markets Fund
 15910 Ventura Bl., 9th Floor, Encino, CA 91436

or Call Toll-Free: 888-443-6763
Fax: 818-755-7778

or Email: beneficiary@fmsmf.org