

**YOUR PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Professional 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: \_\_\_\_\_

Instrument: \_\_\_\_\_ Your AFM Local(s): \_\_\_\_\_

**Your Applicable Tax I.D.(s):**

U.S. Social Security Number: \_\_\_\_\_

Canadian Social Insurance Number: \_\_\_\_\_

U.S. Individual Taxpayer I.D.(T.I.N.): \_\_\_\_\_

***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):

- PAPERLESS. ALL CORRESPONDENCE EXCEPT FOR TAX FORMS WILL BE VIA EMAIL.**
- **Direct Deposit is required** (see reverse).
  - **I will access and update my personal information online.**

*Please send me a username and login details to: \_\_\_\_\_*  
(This email address should be accessible only by you)

**Note:** If you choose **Paperless**, you must sign up for **Direct Deposit** on the reverse side of this form.

- WRITTEN AUTHORIZATIONS:** I wish to update my personal information only via written authorization to the Funds.

**Musician Representation Authorization** (fill this out **only** if you wish to designate an Authorized Representative)

Your Initials Here:  _____	<input type="checkbox"/> I hereby authorize the Funds to provide my account information, as well as necessary changes, updates to my account, to my chosen representative. This authorization is effective until revoked by me with my written signature or in the event of my death. In no event may the representative sign tax documents, beneficiary cards or similar legal documents on my behalf. Please <b>PRINT</b> information below:	
	Name of Representative: _____	
	Address: _____	
	City, State, ZIP: _____	
	Email: _____	Phone#: _____

**CHOOSE HOW YOU WISH TO RECEIVE YOUR RESIDUAL PAYMENTS**

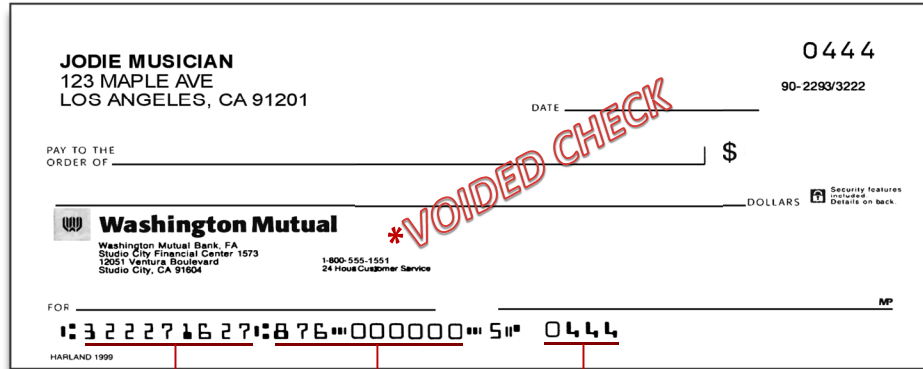
USA Financial Institution:

**DIRECT DEPOSIT (REQUIRED FOR PAPERLESS.** 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., 9<sup>th</sup> Floor, Encino, CA 91436

**or Call Toll-Free:** 888-443-6763

**Fax:** 818-755-7778

**or Email:** participantsservices@fmsmf.org