

<b>Section 1</b>	<b>YOUR PERSONAL INFORMATION (REQUIRED)</b>		
<b>Last Name:</b>	<b>First:</b>	<b>Middle:</b>	
<b>Professional Name:</b>			
<b>Date of Birth (MM/DD/YYYY):</b>		<b>Gender:</b>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to disclose
<b>U.S. Social Security #:</b> ___ ___ ___ - ___ ___ - ___ ___ ___			
<b>Canadian Social Insurance #:</b> ___ ___ ___ - ___ ___ - ___ ___ ___			
<b>U.S. Individual Taxpayer I.D. (TIN)#:</b> ___ ___ ___ - ___ ___ - ___ ___ ___			
<input type="checkbox"/> I do NOT have an appropriate Tax I.D. I understand I will be taxed at the default U.S. tax rate.			
<b>Primary Phone:</b>		<b>Secondary Phone:</b>	
<b>Primary Email:</b>			
<b>Instrument(s):</b>		<b>AFM Local(s):</b>	

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

<b>Section 3</b>	<b>THIRD-PARTY AUTHORIZATION (IF APPLICABLE)</b>		
<p><u>Please note:</u></p> <p>Authorization for a business or talent manager will expire automatically on March 31 of the third calendar year following the date of this authorization, unless specifically re-authorized by me in writing.</p> <p><b>Musician Initials Here:</b></p> <hr/>	<p>I hereby authorize the Funds to provide my account information, as well as necessary changes, or updates to my account, to my chosen representative. This authorization is effective until revoked by me with my written signature, in the event of my death, or upon the automatic expiration date as noted. In no event may a business or talent manager sign tax documents, beneficiary cards or similar legal documents on my behalf.</p>		
	<b>Choose One Below:</b>		
	<input type="checkbox"/> Business Manager	<input type="checkbox"/> Talent Manager	
	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Conservator	
	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse	
	<b>Name of Representative:</b>		
	<b>Third-Party Address:</b>		
	<b>City, State, ZIP:</b>		
<b>Email:</b>	<b>Phone#:</b>		
<input type="checkbox"/> Please send all correspondence (except for tax forms) to my representative.			

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

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

- ★ Update personal information online
- ★ Minimum payable amount of \$10

- ★ Payments made via Direct Deposit
- ★ Statements will be available online

Please send me a username and login details: \_\_\_\_\_  
(PARTICIPANT'S PERSONAL EMAIL)

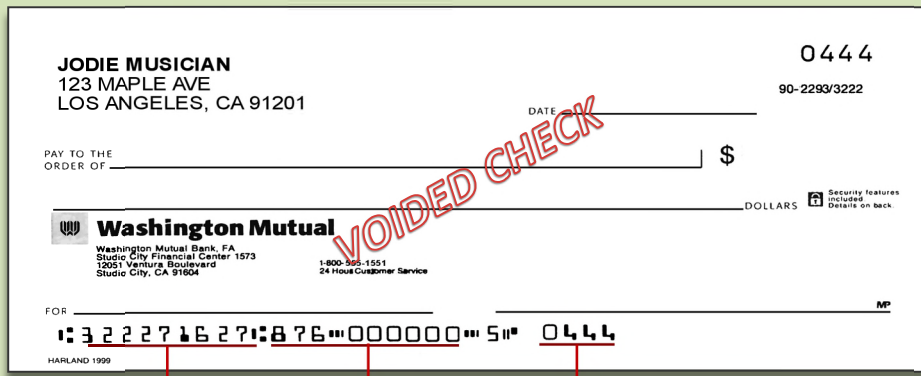
I elect NOT to Go Paperless. I prefer to update all personal information only via written authorization with payments issued as a printed check. **Minimum payable amount increases to \$50.**

**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)