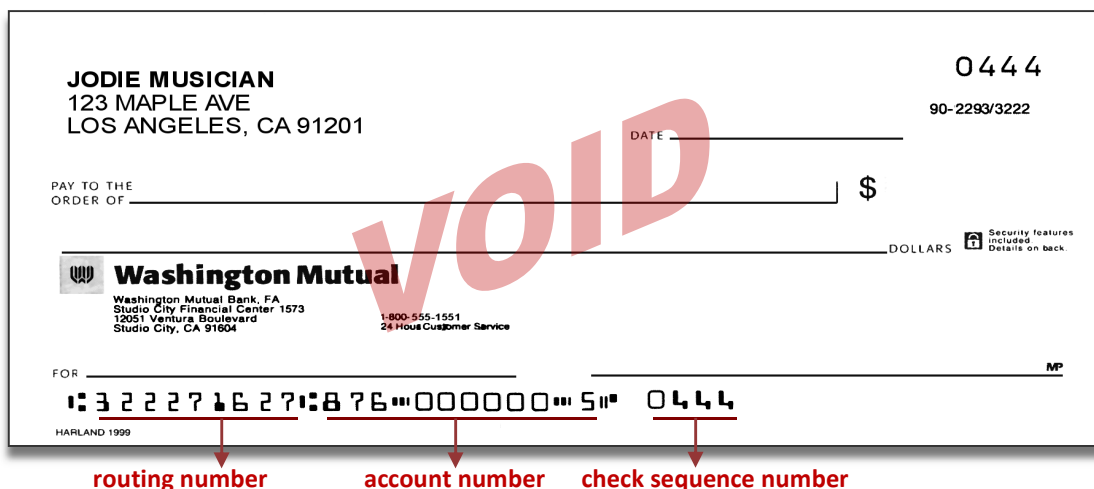


FMSMF/ LTVF Direct Deposit Enrollment Form

DIRECT DEPOSIT IS ONLY AVAILABLE TO U.S.-BASED FINANCIAL INSTITUTIONS

IF A CHECKING ACCOUNT, PLEASE ATTACH YOUR ORIGINAL VOIDED CHECK HERE:



Type of Account: Checking Savings

Routing/Transit # (include ALL nine digits): _____

Account #: _____

Bank Name: _____

City/State: _____

IMPORTANT! For corporate or business checking accounts, we require bank verification that you are the primary account holder.

I hereby authorize the **FILM MUSICIANS SECONDARY MARKETS FUND** or **LIVE TELEVISION VIDEOTAPE SUPPLEMENTAL MARKETS FUND** ("the Fund") to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter referred to as "Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Fund to my account. In the event that the Fund deposits funds erroneously into my account, I authorize the Fund and the Bank to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the **FILM MUSICIANS SECONDARY MARKETS FUND** or **LIVE TELEVISION VIDEOTAPE SUPPLEMENTAL MARKETS FUND** has received written notice from me of its termination in such time and manner as to afford the Fund reasonable opportunity to act on it.

Name: _____ (PRINT) Social Security #: _____ - _____ - _____

Signature: _____ Date: _____