



4705 Laurel Canyon Blvd., Suite 400, Valley Village, CA 91607

PH (818) 255-7980 FAX (818) 255-7985

www.afmsagafratfund.org

Intellectual Property Rights Distribution Fund



PH (818) 853-0108 FAX (818) 853-0109

www.saisrdf.org

Claimant Questionnaire and Application

Any person or entity (“Claimant”) claiming to have authority to receive royalty payments from the AFM & SAG-AFTRA Intellectual Property Rights Distribution Fund (“FUND”) and/or SRDF as a result of the death of another person (the “Decedent”) should complete Parts I, II and III of this Questionnaire and Application, and return it together with all documents requested below, to the address indicated in Part IV below.

I. Identification of Claimant and Decedent

Claimant Name: _____

Claimant Address: _____

Claimant Email: _____

Name of Decedent: _____

Decedent’s Social Security Number: _____

Claimant Relationship to Decedent: _____

Percent of Decedent’s royalty payments being claimed by Claimant: _____

Attorney contact information (if this form is being submitted by an attorney on behalf of Claimant):

Name _____

Address, Phone & Email: _____

Additional Claimant Names & Contact Information: _____

II. Basis of Claim

Check the box below that corresponds to the role which grants you authority to claim royalty payments or to direct the FUND and/or SRDF to begin royalty payments to another as a result of the death of the Decedent. Enclose all of the requested documents. Further documents may be requested.

EXECUTOR or ADMINISTRATOR. Please check here if you are an Executor, Administrator or other authorized representative under a court supervised probate proceeding. Please enclose ALL of the following with your Application:

- Certified Copy of Decedent's Death Certificate
- Certified Copy of Letters Testamentary
- Certified Copy of Court Order admitting the Decedent's Will to probate, confirming its validity and appointing the Executor, Administrator or other authorized representative of Decedent's Estate
- A complete copy of the Will
- Tax I.D. Number of the Estate of Decedent

TRUSTEE. Please check here if you are a Trustee of a trust. Please enclose ALL of the following:

- Certified Copy of Decedent's Death Certificate
- Certification of Trust
- Complete copy of the Trust document including amendments or restatements
- Tax I.D. Number of the Trust (if the trust is to receive the royalty payments)
- Letter of Instruction signed by the Trustee, requesting the distribution of royalties and stating that the distribution requested is in conformance with the terms of the trust. If royalties are to be paid to beneficiaries other than the trust itself (e.g., individuals or entities), they should be identified as to name, address, telephone number, tax identification number (social security number) and percentage (if shared by more than one person or entity).

STATE LAW SIMPLIFIED PROCEDURES FOR SMALL ESTATES. Many states provide simple procedures that allow the transfer of a Decedent's property to the Decedent's successor/beneficiary without requiring probate proceedings or requiring only very simple ones. These simplified procedures can be used where specific state law requirements are met and the estate size does not exceed a maximum set by state law. The requirements to be eligible for such expedited procedures differ from state to state. The applicable state law is the law of the state of the Decedent's permanent principal home (i.e. legal residence) at the time of death. You must check the state law to see if you are eligible for this procedure. If you are a successor/beneficiary who is entitled to payment because you have met the requirements of a state law procedure for small estates and can present the FUND and/or SRDF with the documents required by state law, please enclose the following with your Application:

- The Affidavit, Certificate, Certified Affidavit or other document(s) as provided under the law of the state of the Decedent's legal residence at the time of death, in accordance with the requirements of that state's expedited or summary procedures for small estates

OTHER. Please check here if you are subject to any other role or circumstance entitling you to claim the royalty payments. Examples of “other” roles or circumstances include (a) the right to royalty payment automatically passed to the spouse at death under state law; (b) you are in possession of a court order directing royalty payments be made to you; (c) any other state law basis. Please enclose ALL of the following:

- Explanation of the role or circumstance that entitles you to claim the royalty payments and/or direct who will receive the royalty payments.
- Certified Copy of Death Certificate
- Documents proving your right to claim the Decedent’s royalty payments and/or to direct who will receive the royalty payments.

III. Signature of Claimant

I, _____, acknowledge that the Decedent’s entitlement to royalty payments from the FUND and/or SRDF is determined by the application of the FUND and/or SRDF’s Distribution Guidelines. I further acknowledge that my entitlement as Claimant, and/or the entitlement of any person or entity to whom I direct payments be made, is limited to such royalty payments as the Decedent would have been entitled to receive pursuant to the application of the FUND and/or SRDF’s Distribution Guidelines.

The information provided on this Claimant Questionnaire and Application is true and correct.

SIGNATURE OF CLAIMANT:

Date: _____

IV. Return of Claimant Questionnaire and Application with Required Documents

This Claimant Questionnaire and Application should be returned to the FUND, together with all required documents as indicated under the box checked by Claimant, to:

**AFM & SAG-AFTRA IPRD Fund
4705 Laurel Canyon Blvd. Suite 400
Valley Village, CA 91607**

By signing and submitting this form, you acknowledge that you have read and agree to the following Terms and Conditions:

I, authorize both AFM & SAG-AFTRA Intellectual Property Rights Distribution Fund (“FUND”) and SAG-AFTRA and Industry Sound Recordings Distribution Fund (“SRDF”) to utilize my profile information where applicable for distribution purposes. I understand that this authorization may take up to 30 days to go into effect and once in effect, will remain in place for distributions from both organizations until I have canceled it in writing signed and dated by me.