

**Fund Indemnification Form
in Support of Claim to Receive Residual Payments****

Any person or entity (“Claimant”)** claiming to have authority to receive residual payments from the **SAG-AFTRA and Industry Sound Recordings Distribution Fund** as a result of the death of another person (the “Decedent”), or to have authority to direct that another person or entity should receive those residual payments, must complete this form, sign it in the presence of a notary public, and return it to SRDF together with the Claimant Questionnaire and Application and all supporting documents.

By signing this form, the Claimant is (a) verifying that he or she is the rightful recipient of any residual payable on behalf of the Decedent, or that he or she has authority to name another to receive those residuals, and (b) agreeing that if SRDF learns that another party is actually entitled to the residuals paid to the Claimant (or Claimant’s designee), the Claimant will be responsible to return all residuals previously received and to reimburse SRDF for all expenses related to the competing claim.

I hereby warrant and represent that I am legally entitled to receive _____% of any residuals otherwise payable by SRDF to _____ (the Decedent), or to designate the recipients of any residuals otherwise payable by SRDF to _____ (the Decedent). I further represent and warrant that all of the information provided to SRDF in connection with this claim is both true and accurate. In the event that this claim to residuals is false or incorrect, I will, to the fullest extent permitted by law, indemnify and hold harmless SRDF, and its predecessors-in-interest, successors, parent companies, and affiliates, from and against any and all claims, damages, liabilities, costs and expenses, including legal expenses and any reasonable counsel fees, arising out of any residual payments that SRDF is required to make to any third party, and reimburse SRDF for any residuals paid to me or my designee(s). Pending the resolution of any claim in respect of which SRDF is entitled to be indemnified, SRDF shall have the right to withhold monies which would otherwise be payable.

Signed: _____

Printed Name: _____

Date: _____

(Must be signed, dated, and notarized)

** This Form is not required from Claimants submitting applications under state law expedited or summary procedures for small estates, where state law provides that SRDF is indemnified for payments made pursuant to those state law procedures.