



AFM & AFTRA Intellectual Property Rights Distribution Fund

Beneficiary Designation Card Instructions



IMPORTANT!

Please take the time to read these step-by-step instructions carefully to complete your Beneficiary Designation card accurately and to ensure a timely update of your beneficiary information.

Certain information is required in order for a completed beneficiary designation card to be properly processed by the AFM & AFTRA Intellectual Property Rights Distribution Fund. **Any incomplete beneficiary designation card received by our office will not be honored and will be returned to the sender along with a request to provide additional information.**

If you make a mistake, DO NOT USE WHITE-OUT. Cross out the mistake, add correct information, and then put your initials next to it.

To ensure a timely and accurate processing of your beneficiary information, please take the time to read the following instructions while filling out the beneficiary designation card.

First Panel (Top) – Participant’s Information

Enter your name, mailing address, telephone number, email address (if available) and birth date on the appropriate lines.

Circle either, **U.S. SSN** (U.S. Social Security Number), **Can. SIN** (Canadian Social Insurance Number) or **U.S. TIN** (U.S. Tax Identification Number) appropriately and enter that number on the following line.

IMPORTANT: The Fund uses your birth date to verify your Social Security Number with the Social Security Administration. **Failure to provide this information will result in the card not being honored and being returned to you.**

Enter your signature as well as the date.

IMPORTANT: This card is not valid until received by the Fund with the participant's signature and date.

Second Panel – Primary Beneficiary Information

Enter the complete name, relationship (Examples: daughter, spouse or “no relation”), birth date, mailing address, telephone number and email address (if available) of your **Primary** beneficiary.

Enter the appropriate I.D. number – either U.S. Social Security Number (SSN), Canadian Social Insurance Number (SIN) or U.S. Tax Identification Number (TIN) – for your **Primary** beneficiary.

If your designation is an organization, enter the organization’s U.S. Federal Tax I.D. Number on the appropriate line.

IMPORTANT: The Fund cannot enter any person or organization into our database without having a proper I.D. number that can be verified. **Failure to provide this information will result in the card being returned to you.**

IMPORTANT: In many cases, a participant has more than one beneficiary designation. If you have more than one Primary beneficiary, please go to the third panel of the beneficiary card labeled **Additional Primary Beneficiary** and enter the additional beneficiary information.

If you have three or more beneficiary designations, please attach an additional page including all of the information requested in the Primary beneficiary fields for each additional beneficiary as well as your signature and the date. **The attached document must be signed and dated by the Participant, and received by the Fund, to be valid.**

Third Panel – Additional **Primary** Beneficiary Information

Completion of this section of the beneficiary card is optional and should be used in cases in which the original beneficiary has more than one **Primary** beneficiary.

Please refer to the previous section of these instructions on **Primary** beneficiary designation to accurately complete the **Additional Primary** beneficiary section.

Fourth Panel (Bottom) – **Alternate** Beneficiary Information

Enter the complete name, relationship (Examples: daughter, spouse or “no relation”), birth date, mailing address, telephone number and email address (if available) of your **Alternate** beneficiary.

Enter the appropriate I.D. number – either U.S. Social Security Number (SSN), Canadian Social Insurance Number (SIN) or U.S. Tax Identification Number (TIN) – for your **Alternate** beneficiary.

If your designation is an organization, enter the organization’s U.S. Federal Tax I.D. Number on the appropriate line.

IMPORTANT: The Fund cannot enter any person or organization into our database without having a proper I.D. number that can be verified. **Failure to provide this information will result in the card being returned to you.**

IMPORTANT: In many cases, the Primary beneficiary will predecease the Participant. The Fund therefore recommends that you designate an **Alternate** beneficiary.

IMPORTANT: If there is **NO PRIMARY** beneficiary alive at the time of the Participant’s death, then the **ALTERNATE** beneficiary becomes the **PRIMARY**.

Please feel free to contact the Fund at 818-755-7780 should you have any further questions about completing the Beneficiary card.

Thank you in advance for your cooperation.



**AFM & AFTRA Intellectual Property Rights
Distribution Fund**



12001 VENTURA PLACE, SUITE 500, STUDIO CITY, CA 91604
PHONE: 818.755.7780 FAX: 818.755.7779 WEBSITE: www.raroyalties.org
BENEFICIARY DESIGNATION CARD

Participant's Legal Name: _____
Last Name First Name Middle Name

AKA: _____ PKA: _____

Mailing Address: _____
Number Street Apt/Suite City/State Zip Code

Marital Status (circle one): Single / Married / Divorced / Widowed

Birth Date: _____ Telephone #: _____

U.S. Social Security # (SSN): _____ U.S. Taxpayer ID # (TIN): _____

Canadian Social Insurance # (SIN): _____

Participant's Signature: _____ Date: _____
(Full Legal Name)

THIS CARD IS NOT VALID WITHOUT PARTICIPANT'S SIGNATURE AND DATE

IMPORTANT: The following designations may be subject to certain legal limitations. You may wish to consult your attorney for further information.

PARTICIPANT'S PRIMARY BENEFICIARY INFORMATION (Required)*

I hereby designate my PRIMARY beneficiary to be:

Name: _____
Last Name First Name Middle Name

Relationship: _____ % Designation (if less than 100%): _____

Mailing Address: _____
Number Street Apt/Suite City/State Zip Code

Birth Date: _____ Telephone #: _____

U.S. SSN or U.S. TIN: _____ Canadian SIN: _____

U.S. Federal Tax ID # (If designating an organization as beneficiary): _____

**ADDITIONAL PRIMARY BENEFICIARY (Optional)*
(UNLESS OTHERWISE DESIGNATED, PAYMENTS WILL BE DIVIDED
EQUALLY BETWEEN ALL PRIMARY BENEFICIARIES NAMED)**

Name: _____
Last Name First Name Middle Name

Relationship: _____ % Designation (if less than 100%): _____

Mailing Address: _____
Number Street Apt/Suite City/State Zip Code

Birth Date: _____ Telephone #: _____

U.S. SSN or U.S. TIN: _____ Canadian SIN: _____

U.S. Federal Tax ID # (If designating an organization as beneficiary): _____

*** (If more than two PRIMARY beneficiaries are designated, please attach an additional page including all of the information listed above for each additional PRIMARY beneficiary. Document must be signed and dated by Participant to be valid.)**

ALTERNATE BENEFICIARY (Optional)*

If no PRIMARY beneficiary is alive at the time of my death, then my ALTERNATE beneficiary shall be:

Name: _____
Last Name First Name Middle Name

Relationship: _____ % Designation (if less than 100%): _____

Mailing Address: _____
Number Street Apt/Suite City/State Zip Code

Birth Date: _____ Telephone #: _____

U.S. SSN or U.S. TIN: _____ Canadian SIN: _____

U.S. Federal Tax ID # (If designating an organization as beneficiary): _____

*** (If more than one ALTERNATE beneficiary is designated, please attach an additional page including all of the information listed above for each additional ALTERNATE beneficiary. Document must be signed and dated by Participant to be valid.)**

IMPORTANT: For your designations to be honored, the Fund must receive your completed original card prior to death of participant.



DO NOT TEAR OR SEPARATE PANELS