



OMISSIONS CLAIM FORM

Legal Last Name: _____ First Name: _____

Professional name/AKA: _____

Telephone: _____ Email: _____

Participant Account # (if known): _____

Song or Album Title: _____

Artist: _____

Title ID# (if known): _____

Instrument / Service Performed: _____

Session Date(s): _____

City / Studio: _____

Please attach any documents you have that may support your claim.

Additional comments, questions and/or important information: _____

Signature: _____ Date: _____

Mail, fax or send to omissions@afmsagaaftrafund.org. Please make sure the information is clear and legible.

For questions about the omissions claim process, please call (818) 255-7980, ext. 4010

PRINT FORM - SIGNATURE REQUIRED

By signing and submitting this form, you acknowledge that you have read and agreed 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. Also, I understand that my information may be shared with any entity that the Fund may administer/distribute for on my behalf, now and in the future, and this authorization will remain in effect until canceled in writing, signed and dated by me.

The AFM & SAG-AFTRA Fund reserves the right of final decision in all omissions claims.