



INQUIRY FORM/ADDRESS CHANGE

Please specify: This is an Inquiry

This is an Address Change

This is Both

Legal Last Name: _____	First Name: _____
Professional name/AKA: _____	
Maiden Name: _____	
Street Address: _____	
City / State / Zip: _____	
Telephone: _____	Email: _____
Last 4 Digits Social Security # (U.S.): _____	
Tax I.D. #: _____	Date of Birth: _____
Participant Account # (if known): _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: _____	

Title(s): _____

Featured Artist(s): _____

Title Number(s) if found on Website: _____

Were you a Vocalist on this title? YES NO

Instrument Performed: _____

Do you have any proof that you performed on this title? _____

Additional comments, questions and/or important information _____

Signature: _____ Date: _____

Please make sure it is clear and legible (mail, fax or send to info@afmsagaftfund.org)

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 on my behalf, now and in the future, and this authorization will remain in effect until canceled in writing signed and dated by me.