

BENEFICIARY APPLICATION FOR UNCLAIMED COOGAN FUNDS

APPLICATION REQUIREMENTS

All claims for unclaimed Coogan funds require the completion of all pages of this application and the provision of supporting documentation as indicated. The Actors Fund reserves the right to require additional information.

PLEASE NOTE:

- 1) all prospective claimants should first check The Actors Fund website at **unclaimedcoogan.org** to confirm that the claimant's name appears on the Beneficiary List;
- 2) The Actors Fund is only holding funds for those whose name appears on this list; and
- 3) Under California law, The Actors Fund can only disburse funds for unemancipated beneficiaries under 18 to "Coogan Trust Accounts" established in California based banking institutions.

Prior Applicants

- My forms and supporting documentation are already on file from a prior application, but the website indicates I might still have earnings on deposit. My last application for unclaimed Coogan money was: **Date:** _____ **Amount:** _____

No further supporting documentation is required from prior applicants. Please complete and submit only pages 2 and 3 of the application form. If claiming on behalf of a Deceased Beneficiary however, please submit the indicated supporting documents even if the beneficiary's form is already on file from a prior application.

THE FOLLOWING SUPPORTING DOCUMENTATION SHOULD BE ATTACHED TO THIS FORM, AS INDICATED, AND SUBMITTED WITH YOUR APPLICATION:

Parent/Guardian or Trustee(s) of Minor Beneficiaries (Funds to be transferred to "Coogan Trust Account")

- a true and accurate photocopy of the Trustee's Statement for the "Coogan Trust Account" (see samples on website)
- AND One** of the following:
- certified copy of the beneficiary's birth certificate
 - OR • certified copy of the beneficiary's passport (*see: http://www.travel.state.gov/passport/npic/npic_872.html for information on how to obtain a certified passport record from the US Dept of State*)

Beneficiaries Who Have Attained 18 Years of Age

- proof of beneficiary's identity (please complete the attached Affidavit of Proof of Identity AND have it notarized)
- AND One** of the following:
- certified copy of the beneficiary's birth certificate
 - OR • certified copy of the beneficiary's passport (*see: http://www.travel.state.gov/passport/npic/npic_872.html for information on how to obtain a certified passport record from the US Dept of State*)

Beneficiaries Who Have Been Emancipated

- copy of legal proof of emancipation
- AND** proof of beneficiary's identity (please complete the attached Affidavit of Proof of Identity AND have it notarized)

Claimants on Behalf of Deceased Beneficiary

- certified copy of the death certificate of the beneficiary
- AND** appropriate documentation of the claimant's authority to collect funds on behalf of the deceased beneficiary

PLEASE MAIL COMPLETED FORMS AND ALL DOCUMENTATION TO:

Unclaimed Coogan Applications, The Actors Fund, 5757 Wilshire Boulevard, Suite 400, Los Angeles, CA 90036
Incomplete Applications Will Result In Delayed Processing. For more information, email unclaimedcoogan@actorsfund.org
or call 323.933.9244 ext. 440.

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Beneficiary Information

Name (legal): _____ **Social Security No.:** _____

AKA: _____
First Middle Last

Address: _____
Street City State Zip Code

Date of Birth: _____ **Telephone:** _____ **Fax:** _____ **Email:** _____

Parent/Guardian Information (for beneficiaries who are minors)

Parent or Guardian: _____
First Middle Last

Address: _____
Street City State Zip Code

Telephone: _____ **Fax:** _____ **Email:** _____

Trustee Information (for beneficiaries who are minors and if other than parent/guardian)

Trustee(s): _____

Address: _____
Street City State Zip Code

Telephone: _____ **Fax:** _____ **Email:** _____

Financial Institution Information (for beneficiaries who are minors)

Name of Financial Institution: _____

Address: _____
Street City State Zip Code

Telephone: _____ **Fax:** _____

Name of Minor Beneficiary (as shown on the account): _____

Name of Trustee or Trustees (as shown on the account): _____

I attest to the best of my knowledge that the above information is true and accurate.

Name (Please Print): _____

Signature: _____

Date: _____

To help The Actors Fund reach other prospective claimants, please indicate how you heard about Unclaimed Coogan Funds.

_____ Backstage West

_____ Variety

_____ Bizparentz.com

_____ SAG-AFTRA

_____ Deadline.com

_____ Friend/Other Young Performer

_____ The Hollywood Reporter

_____ Other: _____

_____ TheWrap.com

For Official Use Only

Date Form Received: _____

Type of Proof of Identification: _____

Disposition: Claim Approved

Date: _____

Claim Disapproved

Date: _____

Date Approval Sent to Wells Fargo: _____

Date Claimant is Notified: _____

Staff Signature: _____