



Application for Submission of Unclaimed Coogan Funds

Please use one application per beneficiary and employer. Complete and print both pages.

Checks should be made payable to Entertainment Community Fund-Unclaimed Coogan Trust.

Mail forms and payment to: The Actors Fund of America FILE 2009 1801 W Olympic Blvd., Pasadena, CA 91199-2009

Employer Information

Employer Name: _____ Tax ID No.: _____

Employer Address: _____
Street City State Zip Code

Contact Person: _____ Telephone: _____ E-mail: _____

Payroll Company Name (if applicable): _____

Payroll Company Address: _____
Street City State Zip Code

Payroll Company Contact Person: _____ Telephone: _____ E-mail: _____

Beneficiary Information

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

AKA: _____
First Middle Last

Address: _____
Street City State Zip Code

Date of Birth: _____ Telephone: _____ Fax: _____ E-mail: _____

Parent or Guardian: _____
First Middle Last

Address: _____
Street City State Zip Code

Telephone: _____ Fax: _____ E-mail: _____

Agent or Manager: _____
First Middle Last

Address: _____
Street City State Zip Code

Telephone: _____ Fax: _____ E-mail: _____

Projects

Name of Project	Dates Worked	Total Amount Paid	Coogan Amount Submitted

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

Name:

Position:

Date:

For Official Use Only

Date Funds Received By Agent: _____

Date Information is Transferred to the the Entertainment Community Fund (Trustee): _____

Date Funds Are Claimed: _____