



# 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 Entertainment Community Fund reserves the right to require additional information.

### PLEASE NOTE:

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

## First Time Applicants

Please complete and submit pages 2–4 of the application form and submit the indicated supporting documents.

## 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 Funds money was:

Date:

Amount:

**No further supporting documentation is required from prior applicants.** Please complete and submit pages 1–4 only 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 Submitted with Your Application:

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

Present an original document of the beneficiary’s birth certificate OR passport. *This will require you to send an original document in the mail or make an in-person appointment at our Los Angeles or New York office. The office will return your original document(s).*

Present a true and accurate photo copy of the Trustee’s Statement for the financial institution in which the Coogan Trust Account is held.

**OR**

Present the **Affidavit of Proof of Identity** to notarize two of the beneficiary’s identifying documents such as a birth certificate, passport, social security card or driver’s license/state ID. *This will require you to send the notarized affidavit for each identifying document and include one high resolution photocopy for each notarized document in the mail or via email. Please see mailing instructions below.*

Present a true and accurate photocopy of the Trustee’s Statement for the bank in which the Coogan Trust Account is held.

### Beneficiaries Who Have Attained 18 Years of Age

Present the beneficiary’s original birth certificate OR passport. *This will require you to send an original document in the mail or make an in person appointment at our Los Angeles or New York office. The office will return your original document(s).*

Present an original document of government issue with photo ID. A notarized **Affidavit of Proof of Identity** may be used in place of presenting an original for the secondary document ONLY.

**OR**

Present the **Affidavit of Proof of Identity** to notarize three of the beneficiary’s identifying documents such as a birth certificate, passport, social security card or driver’s license/state ID. *This will require you to send the notarized affidavit for each identifying document and include one high resolution photocopy for each notarized document in the mail or via email.*

### 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:

Entertainment Community Fund, Western Region, ATTN: Unclaimed Coogan Funds  
1630 Schrader Boulevard, Suite 100, Los Angeles, CA 90028

Incomplete Applications Will Result In Delayed Processing

For more information: [unclaimedcoogan@entertainmentcommunity.org](mailto:unclaimedcoogan@entertainmentcommunity.org) | 323.933.9244 ext. 440



### Beneficiary Information

Name (legal):

First

Middle

Last

AKA:

First

Middle

Last

Address:

Street

City

State

Zip Code

Date of Birth:

Social Security No.:

Telephone:

Email:

### Parent/Guardian Information (for beneficiaries who are minors)

Parent or Guardian:

First

Middle

Last

Address:

Street

City

State

Zip Code

Telephone:

Email:

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

Parent or Guardian:

First

Middle

Last

Address:

Street

City

State

Zip Code

Telephone:

Email:

### Financial Institution Information (for all beneficiaries)

Financial Institution Name:

Address:

Street

City

State

Zip Code

Account Number:

Routing Number:

Type of account:

Savings  
Checking

Name of Beneficiary (as shown on the account):

Name of Trustee(s) (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 Entertainment Community Fund reach other prospective claimants, please indicate how you heard about Unclaimed Coogan Funds.**

SAG-AFTRA Letter in Mail

Unclaimed Coogan Promotional Video

SAG-AFTRA Email

Production/Payroll Company

SAG-AFTRA Magazine

Agent/Professional Representation

Actors Access

Bizparentz.com

Backstage

Internet Search/Social Media

Online Ad

Friend/Other Young Performer

Looking Ahead Program

Other: \_\_\_\_\_

Unclaimed Coogan Promotional Item

**For Office Use Only**

Date Form Received: \_\_\_\_\_

Type of Proof of Identification: \_\_\_\_\_

Disposition:

Claim Approved

Date: \_\_\_\_\_

Claim Disapproved

Date: \_\_\_\_\_

Date Approval Sent to Bank: \_\_\_\_\_

Date Claimant is Notified: \_\_\_\_\_

Staff Signature: \_\_\_\_\_