

UNCLAIMED COOGAN FUNDS HELD BY THE ACTORS FUND OF AMERICA

AFFIDAVIT OF PROOF OF IDENTITY

This form must be **notarized**. It will be used to authenticate your identity and verify your signature.

I, the Affiant herein, being first duly sworn upon oath, does hereby state:

1. That my legal name is _____

2. That my U.S. Government number (SSN or ITIN) is _____

3. That my current **Physical Address** is (cannot be a PO Box) _____

4. That my date of birth is _____

5. That I presented to my Notary Public, as proof of my identity, a valid state/US government issued Photo ID.

Type: Drivers License Identification Card Other (please describe) _____

Issued in the State of: _____ (required if Drivers License or ID Card selected)

Number: _____

6. That the purpose of this Affidavit is to establish and verify that the Affiant is the same as the individual who is claiming Unclaimed Coogan Funds from The Actors' Fund pursuant to California Family Code §§6750 - 6753.

7. That the Affiant understands that falsification in any degree of this Affidavit is a felony criminal offense and will subject such Affiant to prosecution to the fullest extent of the law.

Signature of Affiant _____

Print full legal name of Affiant _____

Current Telephone Number of Affiant _____

State of _____)

)SS:

County of _____)

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____, by

_____ (Affiant), proved to me on the basis of presentation of satisfactory evidence to be the person who appeared before me.

Signature _____

Notary Public

Seal

Please attach the original of this Affidavit to the Beneficiary Application for Unclaimed Coogan Funds and send to:
The Actors' Fund of America, Western Region
5757 Wilshire Boulevard, Suite 400
Los Angeles, CA 90036
Attn: Coogan Funds