

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 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 bank in which the Coogan Trust Account is held.

Beneficiaries Who Have Attained 18 Years of Age

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 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.

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:

The Actors Fund, Western Region, ATTN: Unclaimed Coogan Funds 5757 Wilshire Boulevard, Suite 400, Los Angeles, CA 90036.
Incomplete Applications Will Result In Delayed Processing.

For more information: unclaimedcoogan@actorsfund.org | 323.933.9244 ext. 440.

BENEFICIARY APPLICATION FOR UNCLAIMED COOGAN FUNDS

Beneficiary Information

First	Middle	Last	
Name (legal):			
First	Middle	Last	
AKA:			
Street	City	State	Zip Code
Address:			
Date of Birth:		Social Security No.:	
Telephone:		Email:	

Parent/Guardian Information (for beneficiaries who are minors)

First	Middle	Last	
Parent or Guardian:			
Street	City	State	Zip Code
Address:			
Telephone:		Email:	

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

First	Middle	Last	
Trustee(s):			
Street	City	State	Zip Code
Address:			
Telephone:		Email:	

Financial Institution Information (for beneficiaries who are minors)

Financial Institution Name:			
Street	City	State	Zip Code
Address:			
Account Number:		Routing Number:	
Name of Minor 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 Actors Fund reach other prospective claimants, please indicate how you heard about Unclaimed Coogan Funds.

SAG-AFTRA Letter in Mail

Bizparentz.com

SAG-AFTRA Email

Internet Search / Social Media

Looking Ahead Program

Friend / Other Young Performer

Production / Payroll Company

Other: _____

Agent / Professional Representation

For Official 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: