

## **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](http://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](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](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](mailto: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 bank: \_\_\_\_\_

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

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