AFM & SAG·AFTRA
Intellectual Property Rights Distribution Fund
4705 Laurel Canyon Blvd., Suite 400, Valley Village, CA 91607
PH (818) 255-7980 FAX (818) 255-7985
www.afmsagaftrafund.org

Dear Participant,

The laws governing the countries of several foreign CMOs (Collective Management Organizations) provide higher remuneration to performers of fixed sound recordings under the following conditions:

1. Location of recording occurred in a Rome Convention country
   (http://www.wipo.int/treaties/en/ip/rome/summary_rome.html)
   (http://www.wipo.int/treaties/en/ShowResults.jsp?treaty_id=17)
2. Performer was born in a Rome Convention country
3. Performer permanently resides (or previously) resided in a Rome Convention Country

Given, the AFM & SAG-AFTRA Intellectual Property Rights Distribution Fund is requesting additional pertinent information from you as described on the attached form. Please note that the lack of something as simple as a correct birth date and proper gender classification (which are required information to collect your royalties from most foreign CMO's) will result in a non-payment of foreign royalties.

The information provided above will remain strictly confidential and will be used for the sole purpose of collecting royalties due on your behalf.

Please forward your information in the enclosed return envelope. You may also fax this form to our Participant Services Division at 818-255-7985. If we do not receive a completed form timely, our ability to collect your foreign royalties will be seriously hindered.

Questions regarding this form should be directed to our Participant Services Division at 818-255-7980 Ext. 411, or by e-mailing participantservices@afmsagaftrafund.org.

Sincerely,

Colin Gilbert
Associate Director, Participant Services

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PARTICIPANT INFORMATION FORM

Foreign Royalties Addendum

Please provide us the following information as it enables us to maximize your foreign royalties.

First Name: ______________________________

Last Name: ______________________________

Maiden Name (if applicable): ______________________________

Middle Name (initial): ______________________________

Professional Name(s) AKA(s): ______________________________

Date of Birth: ______________________________

Gender: ☐ Male ☐ Female

Union Memberships - Past and Present (AFM - SAG/AFTRA - Other): ______________________________

____

Instruments you play/Vocalist: ______________________________

____

Country of Birth: ______________________________

Nationality (If Dual Citizen, please note all nationalities): ______________________________

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Current Country of Residence: ______________________________

Former Residences outside of US (Please let us know where and when): ______________________________

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Signature: ______________________________ Date: ______________

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For internal office use only AFM# ______________ SAG/AFTRA# ______________ IPN# ______________