

APPLICATION FOR SUBMISSION OF UNCLAIMED COOGAN FUNDS

Please use one application per beneficiary and employer. Complete and print both pages.
Checks should be made payable to The Actors' Fund of America. **Mail forms and payment to:
The Actors Fund of America FILE 2009 1801 W Olympic Blvd., Pasadena, CA 91199-2009**

Employer Information

Employer Name: _____ **Tax ID No.:** _____

Employer Address: _____
Street City State Zip Code

Contact Person: _____ **Telephone:** _____ **E-mail:** _____

Payroll Company Name (if applicable): _____

Payroll Company Address: _____
Street City State Zip Code

Payroll Company Contact Person: _____ **Telephone:** _____ **E-mail:** _____

Beneficiary Information

Name (legal): _____ **Social Security No.:** _____

AKA: _____
First Middle Last

Address: _____
Street City State Zip Code

Date of Birth: _____ **Telephone:** _____ **Fax:** _____ **E-mail:** _____

Parent or Guardian: _____
First Middle Last

Address: _____
Street City State Zip Code

Telephone: _____ **Fax:** _____ **E-mail:** _____

Beneficiary Information (continued)

Agent or Manager:

First

Middle

Last

Address:

Street

City

State

Zip Code

Telephone:

Fax:

E-mail:

Projects

Name of Project	Dates Worked	Total Amount Paid	Coogan amount submitted

I attest to the best of my knowledge that the above information is true and accurate.

Name:

Position:

Date:

For Official Use Only

Date Funds Received By Agent:

Date Information is Transferred to The Actors Fund (Trustee):

Date Funds Are Claimed: