



**Recording
Artists'
Collecting
Society**

A DIVISION OF ACTRA

**ACTRA RACS
Re-Direction of Funds Payable to Deceased ACTRA RACS Assignor**

Name of Deceased: _____
(First Name/Last Name)

Social Insurance Number **or** Social Security Number: _____
(this information must be completed)

Last Address:

Estate Trustee (appointed by Will): _____
name

OR

Estate Administrator (appointed by Court where Deceased did not have a Will)

name

name

Address and phone number of Trustee / Administrator:

(address)

(telephone and facsimile) (e-mail)

Enclosures (must be included for processing - please indicate which documents are enclosed):

Certificate for Administration without a Will;

Certificate for Administration with a Will;

ACTRA RACS must ensure that any and all funds which are held by ACTRA RACS and which become payable to the above noted deceased assignor are forwarded to the appropriate legally appointed Estate Trustee or Administrator for distribution to the beneficiary or beneficiaries.

The undersigned, warrants and certifies that:

1. He/she (they) is (are) the duly appointed Estate Trustee(s) / Estate Administrator(s) **[please cross out one which does not apply]** and in this capacity is/are entitled to receive the funds held by ACTRA RACS in trust for the deceased ACTRA RACS assignor;
2. There are no legal or other proceedings of any nature, either in existence or being contemplated by any person entitled to, or who claims to be entitled to any of the residue or other property in the Estate of the deceased ACTRA RACS assignor, or in respect of my / our right to accept receipt of the trust funds and disburse them in accordance with the Will and/or the applicable law. If such proceedings, have been commenced I have made full and complete disclosure to ACTRA RACS as in the attached Statement of Facts; and
3. The copies of the Enclosure noted above are true copies and ACTRA RACS is entitled to rely upon these copies as if they are originals.

The undersigned shall indemnify and save harmless ACTRA RACS and ACTRA PRS and its affiliates and members ("indemnified parties") against any claims, demands, costs, expenses, losses or damages any of the indemnified parties may suffer as a result of any breach of the foregoing warranties.

Signed by:

(Please print name)

(Signature)

Dated on this _____ day of _____, 20__