

# Foreign Participant Tax Identification Number Waiver Form

I, \_\_\_\_\_ (foreign participant's name), hereby confirm that the AFM & AFTRA Intellectual Property Rights Distribution Fund ("Fund") has informed me of my obligations with respect to obtaining a US Tax Identification Number (TIN), and has fully informed me of the procedures and contact information for obtaining a TIN. I further confirm that I have been either unable to or have otherwise elected not to obtain such a number, and hereby authorize the Fund to process and remit payments due me after deducting the applicable default statutory US tax obligation (currently 30%).

Address where payment will be sent:

\_\_\_\_\_  
(street, apt #)

\_\_\_\_\_  
(Province/District)

\_\_\_\_\_  
(Country / Postal Code)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)