

SONYBMG ROYALTY PARTICIPANT PAYEE CHANGE REQUEST FORM

(related to death of the current payee)

Please print, complete and return this form so we may begin processing your request! (*Designates Required Fields)

* Full Name of Current Payee:

* Address of Current Payee:

Attention: _____
Street: _____ Apt.#: _____
City: _____ State: _____ Zip: _____ Country: _____

* Full Name of NEW Payee:

* Address of NEW Payee:

Attention: _____
Street: _____ Apt.#: _____
City: _____ State: _____ Zip: _____ Country: _____

* Account Number(s) this payee change applies to:
(If this is for the entire list of current payee accounts,
Please state "ALL ACCOUNTS")

* Current Payee Daytime Phone #:

Email Address:

If you have any additional information that will assist SONYBMG in expediting your request please include below:

*SIGN HERE:

*DATED:

Did you remember to?

- ✓ Enclose a completed W-9 Form (U.S. residents) & W8-BEN (Non-U.S. residents)
- ✓ Enclose a recently certified copy of the letters testamentary
- ✓ Enclose necessary tax waivers (if applicable), and
- ✓ A notarized written designation from the fiduciary concerned including the full name, address, and social security number of the appropriate payee
- ✓ Sign & notarize this form
- ✓ Send to SONYBMG Royaltor, SONYBMG, Royalty Department, 210 Clay Avenue, Lyndhurst, NJ 07071

Notarize this
form here