

Estate or Beneficiary Application Form



Please use this form to notify us of the death of a songwriter or songwriter's successor and for whom you are seeking to set up a beneficiary account.

If you do not know the answer to a question, write UNKNOWN. If the question does not apply, write N/A (not applicable). Any omission or blank item may delay the preparation of the beneficiary account and agreement. If more room is needed to answer a question, please attach a separate sheet and number it accordingly.

Please consult an attorney if you have any legal questions regarding the completion of this form as Shapiro Bernstein is unauthorized to provide legal advice. For non-legal questions, please write to our Royalty Department at royalties@shapiroberstein.com or call (212) 588-0878.

Return this form by mail to:
Shapiro, Bernstein and Co., Inc.
Attn: Royalty Department
488 Madison Avenue
12th Floor
New York, NY 10022-5718

SECTION I.

- ❖ Decedent's Full Legal Name: _____
(First Name) (Middle Name) (Last Name)

- ❖ If the decedent is not the original songwriter, please indicate the original songwriter from whom the rights are received: _____
(First Name) (Middle Name) (Last Name)

- ❖ Decedent's Address at Death: _____
(Street) (City) (State) (Zip)

- ❖ Decedent's Social Security Number: _____ - _____ - _____

- ❖ Decedent's Date of Birth: ____ / ____ / _____
(Month) (Day) (Year)

- ❖ Decedent's Date of Death: ____ / ____ / _____ Decedent's Place of Death: _____ / _____
(Month) (Day) (Year) (City) (State)

DOCUMENTATION REQUIREMENT #1: PLEASE PROVIDE AN ORIGINAL OR CERTIFIED COPY OF THE DEATH CERTIFICATE. NO XEROX OR SCANNED COPIES WILL BE ACCEPTED.



SECTION II.

❖ Did the Decedent leave a will? __ NO __ YES

DOCUMENTATION REQUIREMENT #2: IF YES, PLEASE PROVIDE A SIGNED COPY OF THE ENTIRE LAST WILL AND TESTAMENT AND ALL CODICILS.

SECTION III.

❖ Did the will or Estate go through Probate? __ NO __ YES

- Name the state in which the Will or Estate was probated: _____
- Full Name of Probate Court: _____
- Estate Tax ID Number: _____

DOCUMENTATION REQUIREMENT #3: IF YES, PLEASE PROVIDE A COPY OF ANY LETTERS TESTAMENTARY OR LETTERS OF ADMINISTRATION THAT WERE ISSUED.

❖ Please list the names of the executors or administrators and successor executors or administrators.

○ Name : _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

Email address: _____

Relationship: _____

○ Name : _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

Email address: _____

Relationship: _____

❖ Name of the Estate's Attorney: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

Email address: _____



SECTION III (CON'T).

❖ Has the Estate been closed? NO YES If YES, date estate closed: ___ / ___ / ___
(Month) (Day) (Year)

❖ Was an Order of Distribution issued by a probate court? NO YES

DOCUMENTATION REQUIREMENT #4: IF YES, PLEASE PROVIDE A COPY OF THE ORDER OF DISTRIBUTION OR FINAL ACCOUNTING AND LIST BELOW THE PERSONS WHOM THE PROBATE COURT ORDERED TO RECEIVE DECEDENT'S SHAPIRO BERNSTEIN (OR AFFILIATED COMPANIES) ROYALTIES.

SECTION IV.

Please list the contact information for all beneficiaries to the decedent and attach additional pages if needed. If the beneficiary is an organization, please indicate the correct person at the organization to contact. If the decedent left his/her royalties and/or copyright interest(s) to a trust, proceed to Section V instead.

1. Name: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

Email address: _____

U.S. Tax ID Number: _____

Relationship to Decedent: _____

If under 18, Date of Birth: ___ / ___ / ___ Name of Legal Guardian: _____
(Month) (Day) (Year)

2. Name: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

Email address: _____

U.S. Tax ID Number: _____

Relationship to Decedent: _____



SECTION IV (CON'T).

If under 18, Date of Birth: ___ / ___ / ___ Name of Legal Guardian: _____
(Month) (Day) (Year)

3. Name: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

Email address: _____

U.S. Tax ID Number: _____

Relationship to Decedent: _____

If under 18, Date of Birth: ___ / ___ / ___ Name of Legal Guardian: _____
(Month) (Day) (Year)

4. Name: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

Email address: _____

U.S. Tax ID Number: _____

Relationship to Decedent: _____

If under 18, Date of Birth: ___ / ___ / ___ Name of Legal Guardian: _____
(Month) (Day) (Year)

SECTION V.

❖ Did the Decedent leave his/her royalties and/or copyright interest(s) to a trust? __ NO __ YES

DOCUMENTATION REQUIREMENT #5: IF YES, PLEASE PROVIDE A COPY THE FULL DOCUMENT CREATING THE TRUST, PLUS ANY AMENDMENTS OR RESTATEMENTS OF THE TRUST CREATED TO DATE.

❖ Name of Trust: _____

○ Trust Tax ID Number ___ - _____



SECTION V (CON'T).

❖ Name of Trustee: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

Email address: _____

❖ Name of Co-Trustee: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

Email address: _____

SECTION VI.

❖ Has the Decedent or the Decedent's Estate at any time been a writer member or affiliate of BMI, ASCAP, SESAC, or any other foreign performing rights licensing organization? __ NO __ YES

○ Name of Performing Rights Organization: _____

○ Period of Membership/Affiliation: _____

SECTION VII.

❖ Name of Person Completing This Application: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

Email address: _____

Relationship to Decedent: _____

DECLARATION (NO NOTARY REQUIRED)

I declare under penalty of perjury that, to the best of my knowledge and belief, the foregoing information is true and correct and all questions have been answered fully and completely and without any intent to deceive Shapiro, Bernstein & Co., Inc. with respect to the facts concerning the decedent, his/her Estate, and/or his/her lawful heirs or beneficiaries.

Signature

Printed Name of Signer

Today's Date



DOCUMENTATION REQUIREMENTS

Please make sure to include with this Application all of the following documents, if applicable.

- ORIGINAL OR CERTIFIED COPY OF DEATH CERTIFICATE
- SIGNED COPY OF THE ENTIRE LAST WILL AND TESTAMENT AND ALL CODICILS
- LETTERS TESTAMENTARY FOR EXECUTOR OR LETTERS OF ADMINISTRATION FOR ADMINISTRATOR
- ORDER OF DISTRIBUTION
- TRUST DOCUMENTS IN THEIR ENTIRETY
- Other relevant documents pertaining to the decedent's Estate:

If as a result of the information given on this application, Shapiro, Bernstein & Co., Inc. requires any additional documents, you will be notified.

MAIL THE COMPLETED APPLICATION AND ALL DOCUMENTS TO:

Shapiro, Bernstein and Co., Inc.
Attn: Royalty Department
488 Madison Avenue
12th Floor
New York, NY 10022-5718