

Undeliverable MBA Payments Claim Form/Affirmation

You may claim funds by printing and filling out this claim form. The claim form must be accompanied by (1) a copy of your driver's license that showing your current address; and (2) and some form of documentation verifying your social security number. Please send the signed claim form and supporting documents to:

**Writers Guild of America, West, Inc.
Finance Department
ATTN: Undeliverables
7000 W. 3rd Street
Los Angeles, CA 90048**

By signing this form, you are affirming under penalty of perjury that the information is correct and that you have a legal right to the finds that are the subject of the claim.

Each claimant further agrees to indemnify and hold harmless the Writers Guild of America, West, Inc., for any loss resulting from the payment of the claim.

EACH CLAIMANT MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED.

TO CLAIM AS THE LISTED WRITER:

FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY NUMBER
STREET ADDRESS			CITY
STATE	ZIP	COUNTRY	DRIVER'S LICENSE NO.
DAYTIME PHONE	EMAIL	SIGNATURE	DATE

TO CLAIM AS AN HEIR OR BENEFICIARY OF THE LISTED WRITER (please provide information concerning all other heirs or beneficiaries know to you):

Deceased Writer Name (required):

FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY NUMBER
STREET ADDRESS			CITY
STATE	ZIP	COUNTRY	DRIVER'S LICENSE NO.
DAYTIME PHONE	EMAIL	SIGNATURE	RELATIONSHIP TO WRITER

FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY NUMBER
STREET ADDRESS			CITY
STATE	ZIP	COUNTRY	DRIVER'S LICENSE NO.
DAYTIME PHONE	EMAIL	SIGNATURE	RELATIONSHIP TO WRITER