

Date: _____

To: Writers Guild of America East, Inc.
250 Hudson Street, Suite 700
New York, NY 10013
Attn: Residuals Department

From: _____
NAME

ADDRESS CITY STATE ZIP

PHONE # EMAIL ADDRESS

Re: **DECEASED EMPLOYEE NAME:** _____
ASSIGNMENT OF FUTURE RESIDUALS TO ONE DESIGNATED NOMINEE

Please issue all future residual payments to the following ONE DESIGNATED NOMINEE:

_____ Printed Name	_____ Social Security #
_____ Signature	_____ Date
_____ Street Address	_____ Apt. or Suite
_____ City	_____ State
_____ ZIP Code	

Approval of ALL legal beneficiaries:

_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date