



MINOR'S TRUST ACCOUNT INFORMATION SHEET

FOR SERVICES PERFORMED IN (CHECK ONE): CALIFORNIA: NEW YORK:

PERFORMER INFORMATION:

Minor's Full Legal Name: _____
First Middle Last
Minor's Social Security Number: _____ - _____ - _____
Minor's Date of Birth: _____ / _____ / _____
Month Date Year
Full Name of Parent/Trustee: _____

TRUST ACCOUNT INFORMATION:

Name of Bank/Financial Institution: _____
Address of Bank/Financial Institution: _____
City State Zip Code
Trust Account Number: _____

Note: A true and accurate photocopy of any information received from the financial institution confirming the creation of the trust account must be attached.

PERSON COMPLETING THIS FORM:

I declare under penalty of perjury under the laws of the state of California/New York that the information given above is true and correct.

Name: _____ Relationship to Minor: _____
Phone #: _____ Email: _____
Signature: _____ Date: _____

(FOR TALENT PARTNERS USE ONLY)

Submitted by: _____ Date: _____
(TPC Name & Office)