



SONY MUSIC

SONY MUSIC ENTERTAINMENT CHANGE REQUEST: PAYEE FORM

Please complete and return this form by :

Email: royalty.statements@sonymusic.com

Fax: (201) 777-3047 [Attention: Royalty Helpdesk]

Mail: Sony Music Entertainment
Attention: Royalty Helpdesk
301 Route 17 North, 11th Floor
Rutherford, NJ 07070 USA

* *Designates Required Field*

* **Account Type:**

Artist Publisher Management

Producer Third Party/Other

* **Change Request (select one):**

Payee (Vendor) Add Request

Payee (Vendor) Change Request

Payee (Vendor) Change Request (related to death of royalty participant)

➤ Include recently certified copy of the letter testamentary (legal will) or letters of administration providing details on who should be receiving these royalties and a copy of the death certificate.

I approve adding a new participant as my authorized representative. My authorized representative will be entitled to receive a copy of my royalty summary statement by mail and access to Sony Music eLink including up to 3 years of history. In addition, I authorize Sony Music to answer any questions my representative raises concerning my royalty accounting. I understand that to revoke this access I must advise the Sony Music Entertainment Royalty Helpdesk in writing by one of the methods referenced-above.

* **Print Name of Sony Music Royalty Payee (Vendor):** _____

* **Address:** _____

* **Telephone Number:** _____ * **Email Address:** _____

* **Print Name of NEW Payee or Authorized Representative:** _____

* **Address:** _____

* **Telephone Number:** _____ * **Email Address:** _____

Please indicate all accounts effected by this change request. If it is **ALL**, then write "ALL ACCOUNTS": _____

By signing below, I warrant and represent that: (a) I have full and complete authority to request the change(s) set forth herein to the account(s) referenced above, and, if the party requesting such change(s) is an entity, I am fully authorized to act and request such change(s) on behalf of such entity; (b) the implementation of the change(s) requested herein will not violate or infringe upon the rights of any other party; (c) the information stated herein is truthful and accurate; and (d) I shall indemnify and hold Sony Music Entertainment harmless against any and all claims and any and all damages, losses or expenses Sony Music Entertainment may incur by reason of implementation of the change(s) requested herein and/or as a result of the breach of any of the foregoing warranties and representations.

* **SIGN HERE Sony Music Royalty Payee (Vendor):** _____

* **TODAY'S DATE:** _____

* **PRINT YOUR NAME HERE:** _____

Check here to confirm a W-9 Tax Form (U.S. resident), W8BEN or 8233 (non U.S. resident) has been attached to this change request. **IF A TAX FORM IS NOT PROVIDED, SONY MUSIC ENTERTAINMENT MAY BE REQUIRED TO WITHHOLD TAXES FROM YOUR ROYALTY PAYMENT.**

Thank you for assisting us in maintaining up to date records regarding your royalty account. Once your form is received by Sony Music, your change request will be reviewed. We will contact you if additional supporting documentation is required in order to ensure the accuracy and validity of your request. Sony Music reserves the right to require you to sign and deliver an affidavit affirming the information provided to Sony Music herein.

