



700 North Fairfax Street
Suite 601
Alexandria, VA 22314
Phone: (703) 535-8101
FAX: (703) 535-8105
www.aarcroyalties.com

Royalty Distribution Information for an Individual Member of Featured Artist Recording Groups

This form is to be used **only** if you are a member of a group **and** you are only claiming your share of the royalties (the group is NOT collecting as a whole).

** If a member of a group signs up only to collect his/her shares of the group's royalties, AARC cannot pay any of the group's royalties until all members of the group have completed AARC-003. We recommend that, if possible, the group sign up to collect as a whole – AARC-002 – so that the entire group's royalties can be distributed by AARC to one party who is then responsible for distributing them to the group's members.*

Please complete a separate form for each performing name (i.e., the name of the group as it would appear on the album) for which royalties are being claimed.

Please use a typewriter to complete the form or print *very clearly*.

1. Artist Information.

Artist's Legal Name: _____

Artist's Pseudonym (if any): _____

Artist's Date of Birth: ____/____/____

Name of Group for Which Royalties Are Being Claimed: _____



2. Group Information. You must provide the names of each group member. Please also indicate the percentage of the royalties you are entitled to and the percentage of the royalties you believe other members of the group are entitled to. **Please note that AARC will rely on your representation of the group members' percentage shares. Any inaccurate representations may subject you to legal action by the other group members or their representatives.**

Group Members: _____	Percentage: _____
_____	_____
_____	_____
_____	_____
_____	_____

3. Contact Information. Please indicate who we should contact if we need to send you information or ask questions (this does not include issuing a check -- to indicate a payee see section 4).

Name: _____

Company: _____

Address: _____

Telephone Number () - _____ Fax Number () - _____

Email Address: _____

**If you also have contact information for other group members, please provide as an attachment to this completed form.*

4. Payment. Tell us to whom you want your royalty payments sent and at what address. ***(Please complete this entire section.)***

Make the Check Payable to: _____

Name: _____

Company: _____

Address: _____



Telephone Number (____)____-____ Fax Number (____)____-____

E-Mail Address: _____

**We will have to withhold a portion of your royalties and send it to the US Internal Revenue Service if the Artist does not complete and return to us an AARC-004 form or in the case of a foreign resident, an IRS W-8 Form.*

5. Foreign Hometaping and Rental Royalties.

I would like AARC to collect Hometaping and Rental Royalties worldwide.

I would like AARC to collect Hometaping and Rental Royalties worldwide **excluding** the following countries:

Country	Collected by
_____	_____
_____	_____
_____	_____

Form Completed By _____
(Printed)

Form Completed By _____
(Signature)

Affiliation with Artist _____
(Printed)

Telephone _____ Date _____