

MINOR TRUST ACCOUNT FORM

This form is mandatory for any minor subject to Minor Trust withholding.

You must attach an accurate copy of proof of Minor Trust Account from the Financial Institution

Indicate if minor lives in: **California** **New York** – or – Worked in **California** **New York**
 Or worked in (and if required): **Louisiana** **New Mexico** **North Carolina** **Pennsylvania** **Tennessee**

CA, LA, NM, NC, PA, TN: The Minor Trust Account **MUST** BE a Blocked Trust or “Coogan” Account.
 ONLY NY ACCEPTS: UTMA, UGMA, locked “Child Performer Trust Account,” or “Coogan” Blocked Trust Account.

Minor’s Name: _____
First Name Middle Name (or Middle Initial) Last Name

Minor’s Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____
Month Day Year

Street Address: _____

City: _____ State: _____ Postal Code: _____

By checking here, my signature below acknowledges that a Trust Account has **NOT** been set up for the above-named minor and the applicable Minor Trust Set-Aside amount will be deposited in the minor’s name to the mandated applicable fund.

My signature below indicates that I would like _____ % withheld in Trust (must be 15% or more). Initial: _____
 ▶ **Allow for agent’s percentage and payroll taxes. Contact your TTC representative if you have questions.**

ACCOUNT & BANK OR FINANCIAL INSTITUTION INFORMATION

Name of Account: _____, MINOR
Fill in name of Minor Trust Account – usually minor’s full legal name – include middle initial, if any.

Name of Trustee: _____, TRUSTEE

Type of Trust Account: COOGAN/BLOCKED TRUST ACCOUNT -OR-
 UGMA ACCOUNT (NY ONLY) -OR- UTMA ACCOUNT (NY ONLY)

Bank or Financial Inst. Name: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

ROUTING/TRANSIT #: _____

ACCOUNT NUMBER: _____

Bank or Financial Inst. Rep: _____

Bank or Financial Inst. Phone: _____

I, PARENT / GUARDIAN (check one) of the above-named minor, declare under penalty of perjury that the foregoing is true and correct, and do hereby direct that applicable minor trust set-aside funds be deposited to the account listed above or be deposited in the minor’s name to the mandated applicable fund.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TELEPHONE: _____

EMAIL: _____

▶▶ **Attach a copy of proof of Minor Trust Account from Financial Institution** ◀◀

TTC CLIENT: _____ DATE(S) WORKED: _____

PRODUCTION COMPANY: _____ PROJECT: _____

PRODUCER: _____ TELEPHONE: _____

**RETURN TO: The TEAM Companies by email: minortrust@theteamcompanies.com - OR by mail:
 The TEAM Companies, Minor Trust ■ 901 W. Alameda Ave., Suite 100, Burbank, CA 91506**