



FORM OF AUTHORITY

In Re: The Estate of the late: *[insert name]*

LETTER OF DIRECTION TO SCREEN CRAFT RIGHTS, the collective management organisation established at 29 Orchard Road Twickenham TW1 1LX:

We, the undersigned, are the only lawful persons entitled to the benefit of the estate of the person named above ("the Deceased"), who was until their decease a member of SCREEN CRAFT RIGHTS. In accordance with the rules of SCREEN CRAFT RIGHTS by our signatures below we acknowledge and agree:

That the person named below is hereby appointed by us all to serve as the Successor Member of SCREEN CRAFT RIGHTS to act as sole first recipient of monies as administered by SCREEN CRAFT RIGHTS that are attributable to the works of the Deceased.

That such person has provided below the sole bank account into which monies attributable to the works of the Deceased as administered by SCREEN CRAFT RIGHTS shall be paid.

That such person shall in accordance with the SCREEN CRAFT RIGHTS Successor Member membership agreement have the sole responsibility to share with us all the monies so distributed and in the respective proportions as identified by the testamentary disposition of the Deceased or in accordance with operation of law (whichever is applicable in this instance).

That we shall look only to the person named below as the appointed Successor Member for our share or shares of all monies distributed by SCREEN CRAFT RIGHTS to said Successor Member and hereby waive all rights to make any claim whatsoever against SCREEN CRAFT RIGHTS in respect of such distributions.

NOMINATED SUCCESSOR MEMBER

FULL NAME:

ADDRESS

COUNTRY

POSTCODE

EMAIL

PHONE (INCLUDING ALL DIALLING CODES)

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WIRING INSTRUCTIONS FOR THE BANK OF SUCCESSOR MEMBER

NAME ON THE ACCOUNT:

NAME OF THE BANK:

ADDRESS OF THE BANK :

SORT CODE:

ACCOUNT NUMBER:

SWIFT CODE / BIC:

IBAN:

SIGNED

DATE

SUCCESSOR MEMBER NAME: (PLEASE PRINT)

AGREED AND UNDERSTOOD BY THE ESTATE BENEFICIARIES

SIGNED BY BENEFICIARY:

DATE

BENEFICIARY NAME: (PLEASE PRINT)

SIGNED BY BENEFICIARY:

DATE

BENEFICIARY NAME: (PLEASE PRINT)

SIGNED BY BENEFICIARY:

DATE

BENEFICIARY NAME: (PLEASE PRINT)

SIGNED BY BENEFICIARY:

DATE

BENEFICIARY NAME: (PLEASE PRINT)

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AGREED AND UNDERSTOOD BY THE ESTATE BENEFICIARIES

SIGNED BY BENEFICIARY:

DATE

BENEFICIARY NAME: *(PLEASE PRINT)*

SIGNED BY BENEFICIARY:

DATE

BENEFICIARY NAME: *(PLEASE PRINT)*

SIGNED BY BENEFICIARY:

DATE

BENEFICIARY NAME: *(PLEASE PRINT)*

SIGNED BY BENEFICIARY:

DATE

BENEFICIARY NAME: *(PLEASE PRINT)*

SIGNED BY BENEFICIARY:

DATE

BENEFICIARY NAME: *(PLEASE PRINT)*

