



warner | music | group

### Royalty Participant Address Change Request Form

\* First name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\* Account Type (choose one per request form):

- Warner/Chappell Music Inc.
- Other, please specify (e.g. artist, producer, manager): \_\_\_\_\_

Account number (if known): \_\_\_\_\_

\* Current Address

Street name: \_\_\_\_\_

Apartment number: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR

Federal Tax Identification Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Daytime phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Previous Address (provided to Warner Music Group):

Street name: \_\_\_\_\_

Apartment number: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have been a WMG Royalty Participant since \_\_\_\_\_ (year)

Record Label (if applicable) \_\_\_\_\_

(\*Designates required fields)

If you have any additional information that will assist WMG in expediting your request please include below:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**WMG Royalty Participants send to:**  
WMG Royalties  
619 West 54<sup>th</sup> Street  
New York, NY 10019

**Warner/Chappell Royalty Participants send to:**  
Karen Askin  
c/o Warner/Chappell Music, Inc.  
10585 Santa Monica Blvd.  
Los Angeles, CA 90025