



Beneficiary's Warranty of Entitlement

I _____ (the "Beneficiary"), of the City of _____, in the Province of _____, hereby represent and warrant to Musicians' Rights Organization Canada ("MROC") that I am legally entitled based on the reason(s) set forth below to receive royalties or remuneration due to: _____ (the "Deceased") who passed away on _____ (DD/MM/YYYY).

Reason(s) for Entitlement (check all that apply):

- I am a beneficiary under the Deceased's Last Will and Testament (the "Will");
- (If no Will), I am an heir of the Deceased at law;
- I am the Executor/Executrix or Administrator of the Estate of the Deceased;
- Other: _____.

Percentage of Entitlement:

- I am entitled to receive **100% per cent** of the total royalties or remuneration payable because I am the Executor/Executrix or Administrator of the Deceased's Estate; or the sole beneficiary under the Will; or the Deceased's sole heir at law; **OR**
- I am a joint beneficiary under the Will or am one of the Deceased's heirs at law who have mutually agreed to the following percentages of entitlement to the total royalties or remuneration payable (subject to MROC's receipt of confirming warranty forms from the other beneficiaries):

| <u>Names of joint beneficiaries</u> | <u>Agreed percentages</u> |
|-------------------------------------|---------------------------|
| Myself | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |

I understand that MROC is relying on the foregoing warranty to make future payments of royalties or remuneration due to the Deceased. If for any reason I am not legally entitled to receive such payments, I agree immediately to return them to MROC; and to indemnify and save MROC harmless from any costs, expenses, losses or damages it may suffer as a result of payments made to me to which I am not legally entitled.

I hereby agree to be bound by the terms and conditions of this Warranty.

Signature

Witness Signature

Print Name

Print Witness Name

Date

Date

Address: _____

Phone Number: _____ Email: _____

Social Insurance Number / Business Number: _____

(For income tax reporting purposes. If you are not a resident of Canada, please provide the tax identifier used on your income tax return).