

## FOREIGN PAYMENT OPTION FORM

USE THIS FORM TO INFORM THE SETTLEMENT FACILITY-DOW CORNING TRUST OF YOUR  
CURRENCY PAYMENT ELECTION

1. Complete or update personal information.	
<b>PLACE YOUR PRE-PRINTED LABEL HERE</b>	<p><b><u>Update or Write Information below:</u></b></p> <p>1. SID #.: _____</p> <p>2. Date of Birth: _____</p> <p>3. Claimant Name: _____</p> <p>4. Country of Residence: _____</p> <p>5. Address: _____</p> <p>6. Daytime phone: (____)____ - _____</p> <p>7. Evening Phone): (____)____ - _____</p>

2. Check one box below.
<p><b>2A.</b> <input type="checkbox"/> I elect to be paid in United States Dollars. I understand that this election for United States Dollars will apply to all future payments, if any, that I may receive from the Settlement Facility</p> <p style="text-align: center;"><b>OR</b></p> <p><b>2B.</b> <input type="checkbox"/> I elect to be paid in the currency of the country in which I reside. (For example, if you reside in a country that uses the Euro as their currency, your local currency will be deemed to be Euros.) I understand that this election will apply to all future payments, if any, that I may receive from the Settlement Facility. In certain circumstances, the Settlement Facility may need to solicit your bank wire information to make a payment in your local currency (the Settlement Facility will contact you if this applies to your payment). I also understand that the Settlement Facility may, in its sole discretion, issue payments in United States Dollars to protect the Settlement Fund against fluctuations in the exchange rate and/or to comply with applicable government or banking restrictions, regulations or laws.</p>

3. FOR ATTORNEYS WHO REPRESENT FOREIGN CLAIMANTS ONLY
<p><b>3.</b> <input type="checkbox"/> I certify that all my services performed on behalf of this claimant were done outside the United States of America. Must be signed by the attorney to be processed</p>

***All payments are being made on account of general damages.***

\_\_\_\_\_  
Signature of Claimant, Executor/Administrator/Guardian or Attorney

\_\_\_\_\_  
Date Signed

SF-DCT  
P.O. Box 52429  
Houston TX 77052  
USA

For assistance or questions call 1.866.874.6099  
or go to [www.dcsettlement.com](http://www.dcsettlement.com) in the internet