

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.

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

2. Check one box below.

2A. 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

OR

2B. 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.

3. FOR ATTORNEYS WHO REPRESENT FOREIGN CLAIMANTS ONLY

3. 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

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 in the internet