

CLAIMANT INFORMATION UPDATE REQUEST

If you have any updates or corrections to make, please print or type the new information below. **Name, Social Security No. (if U.S. Citizen), and Date of Birth fields should be completed for all changes (Required).**

Name: _____ Name Change: _____

Date of Birth: _____ Corrected Date of Birth _____

Social Security No. (SSN) _____ SSN Correction: _____

Proof Of Claim No.: _____ SID No.: _____

Old Address: _____ New Address: _____

Telephone Number Change: _____

If you need to make attorney changes, please indicate below the type of change desired:

I wish to change or add my Attorney of Record:

(New) Attorney Name _____

Law Firm Name _____

Law Firm Address _____

Telephone No. _____ Fax #: _____

I wish to remove my Attorney of Record and not be represented by counsel in this Settlement.

If you are submitting any updates or changes, please sign this form below.

Date

Type or Print Claimant Name

Signature of Claimant

**Settlement Facility – Dow Corning Trust
PO Box 52429
Houston, TX 77052-2429**