

D. CHANGE OF NAME

You must complete this form and provide proof of change of name in order for the Halliburton/Transocean Punitive Damages & Assigned Claims Settlements to process your name change request.

Name on File with HSI:	Last Name	First Name	Middle Initial
New Name:	Last Name	First Name	Middle Initial
Home/Cell Phone Number:	Home () - - Cell () - -		

E. PROOF OF NEW NAME ENCLOSED

You must provide proof of your new address. Please indicate below the proof being provided and return it with this form.

- Drivers' License with your new name
- Government Issued I.D. with your new name
- Court Order with your new name
- Social Security card with your new name

D. CHANGE OF EMAIL ADDRESS

You must complete this form in order for the Halliburton/Transocean Punitive Damages & Assigned Claims Settlements to process your change of email address request.

Email Address on File with HSI:

New Email Address:

E. SIGNATURE

By my signature below, I certify and declare pursuant to 28 U.S.C. Section 1746 that the information provided in this Form is true and accurate to the best of my knowledge.

Signature:
(claimant or attorney)

Date:

____/____/____
(Month/Day/Year)

Name:

Last Name

First Name

Middle Initial

Title (if a Business):

F. HOW TO SUBMIT THIS FORM

Submit the signed **Claimant Request for Change of Name or Address** in one of these ways:

By Mail

HESI/Transocean Punitive Damages & Assigned Claims Settlements
PO Box 10260
Dublin, OH 43017-5760

By Overnight, Certified or Registered Mail

HESI/Transocean Punitive Damages & Assigned Claims Settlements
c/o Administrator
5151 Blazer Parkway Suite A
Dublin, OH 43017

By Email

questions@GulfSpillPunitiveDamagesSettlement.com