

**HESI/Transocean Assigned Claims & Punitive Damages Settlements
Payment Election Form
*FOR ATTORNEY USE ONLY***

A. INSTRUCTIONS

We will make all Settlement Payments (“Payments”) using payment election information from the DHEPDS Program unless you update your election on this form. For any New Class claims filed using a New Class claim form by the December 15, 2016 filing deadline, the HESI/Transocean Settlements Program will apply the same election to effect payment to the listed firms.

If your firm will be receiving all Payments by check you will not need to complete Section B or C of this form, but you must complete Section D. Joint checks in the name of both the attorney and the claimant will not be issued in this Settlement; payment will be made only to the attorney of record if the claimant has individual representation.

We will not issue Payments unless the law firm and claimant have valid, complete, signed Forms W-9 on file with the Program unless and until the Program opts to utilize the 24% backup withholding that will be paid to the IRS directly prior to issuing payments. The Settlements Program has advised all counsel if an updated W-9 is required for a client. If there have been no changes to the firm name, address, or employer identification number since the last payment was made by the DHEPDS, a new W-9 is not required. To obtain a copy of the Form W-9, please visit www.GulfSpillIPunitiveDamagesSettlement.com or call (877) 940-7792.

B. ELECTION TO RECEIVE PAYMENTS BY CHECK

Complete this section if you want to receive all Payments from us in the form of checks and you have never completed a Payment Election Form or your firm name/address may be out of date. We will issue and send checks to the claimant’s counsel of record. Provide the following information on how you wish the name and address of your law firm to appear on the check.

Law Firm Name and Address to Appear on Checks:	Law Firm Name			
	Street			
	City	State	Zip	Country

C. ELECTION TO RECEIVE PAYMENTS BY WIRE TRANSFER

Complete this section if you want to receive Payments to your law firm from us in the form of wire transfers and you have never completed a Payment Election Form or your firm name/address may be out of date. This Election is only applicable to Payments for claimants who have indicated on their Claim Form that we should issue Payments payable only to the claimants’ attorney.

Bank Name to Which Wires Are to be Sent:	Bank Name			
	Street			
	City	State	Zip	Country

Bank Telephone Number:	() -
Bank ABA Wire Transfer Number:	
Account Name:	
Account Number:	

D. CHANGE OF ADDRESS

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

Address on File with HSI:	Street		
	City	State	Zip Code
New Address:	Street		
	City	State	Zip Code

Telephone Number: () -

E. CHANGE OF FIRM NAME

You must complete this form in order for the Halliburton/Transocean Punitive Damages & Assigned Claims Settlements to process your name change request. You will also need to provide an updated Form W-9 with the current firm name and Employer Identification Number (EIN) or your name change will not be processed.

Firm Name on File with HSI:	
New Firm Name:	
Telephone Number:	() -

F. CERTIFICATION BY COUNSEL

By my signature below, I represent and warrant, on behalf of the law firm identified below, that:

- (1) We will comply with all laws and ethical rules and obligations under applicable law as to any payment received in the HESI/Transocean Settlement Program, including without limitation those regarding the handling and disposition of client funds;
- (2) The account or fund into which the proceeds of a check will be placed or payments will be received by wire is an appropriate escrow, trust or other such account required by applicable law and ethical rules for the receipt of client funds and/or a payment on the settlement of a claim;
- (3) For any claim involving a deceased, Minor, or Incompetent claimant, we will comply with any provisions of the law applicable to the claim regarding the compromise and distribution of the proceeds of the settlement of a claim of a deceased, Minor, or Incompetent person;
- (4) We shall indemnify and hold harmless the HESI/Transocean Settlement Program, and the agents and representatives of the foregoing, from any and all claims, demands, or expenses of any kind arising from any breach of the representations and warranties set forth in this Certification; and,
- (5) We will comply with the U.S. District Court for the Eastern District of Louisiana's Orders limiting contingent fee arrangements to 25% plus reasonable costs by expressly and irrevocably waiving any claim to attorneys' fees in an amount greater than 25%, plus reasonable costs, of the gross amount awarded to our clients through the HESI/Transocean Settlement Program.

Signature:		Date:	____/____/____ (Month/Day/Year)
Name:	Last Name	First Name	Middle Initial
Law Firm Name:			

G. HOW TO CONTACT US WITH QUESTIONS

If you have any questions about this Notice or the status of your claim(s), contact the claims administrator at (877) 940-7792 or send an email to Questions@gulfspillpunitive DAMAGESSETTLEMENT.COM.

H. HOW TO SUBMIT THIS FORM

Submit this Payment Election Form in any of the following 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