| REP-1   | Claimant Reques                   | Claimant Request for Change in Representation Status |            |                     |                |  |  |  |  |  |
|---|-----------------------------------|--|------------|---------------------|----------------|--|--|--|--|--|
| A. Claimant Information   |                                   |  |            |                     |                |  |  |  |  |  |
| Name: Last Name or Full   | Name of Business                  |  | First Name |                     | Middle Initial |  |  |  |  |  |
| HESI/Transocean S   | :                                 |  |            |                     |                |  |  |  |  |  |
| Social Security Number:<br>or<br>Individual Taxpayer I dentification Number:<br>or<br>Employer I dentification Number:  |                                   | SSN or ITIN  | _  -       |                     |                |  |  |  |  |  |
| Current Address   | Street                            |  |            | State               | Zip Code       |  |  |  |  |  |
| B. Change in Primary Counsel Use this Section if you are represented by private Counsel and wish to change to a different private Counsel.  |                                   |  |            |                     |                |  |  |  |  |  |
| Current Law Firm  | Law Firm Name  Attorney Last Name |  |            | Attorney First Name |                |  |  |  |  |  |
| Requested Law Firm  | Attorney Last Name  Street  City  |  |            | Attorney First Name | Zip Code       |  |  |  |  |  |
|   | Telephone                         |  | Email      |                     |                |  |  |  |  |  |
| C. Change from Represented to Unrepresented Status Use this Section if you are currently represented by private Counsel and wish to proceed unrepresented. If you are unrepresented, you will receive communication directly from the HESI/Transocean Settlement Program.   |                                   |  |            |                     |                |  |  |  |  |  |
| Current Law Firm  | Law Firm Name  Attorney Last Name |  |            | Attorney First Name |                |  |  |  |  |  |
| D. Change from Unrepresented to Represented Status Use this Section if you are not represented by private Counsel and wish to change to being represented by private Counsel. If you are represented, we will communicate directly with your private Counsel and will not communicate with you. You can contact your private Counsel for information. |                                   |  |            |                     |                |  |  |  |  |  |
| Requested Law Firm  | Attorney Last Name  Street        |  |            | Attorney First Name |                |  |  |  |  |  |
|   |                                   |  |            |                     |                |  |  |  |  |  |

| Requested (continued  |           | City Telephone | Email     | State |                     | Zip Code       |  |  |  |
|---|-----------|----------------|-----------|-------|---------------------|----------------|--|--|--|
| E. Signature  |           |                |           |       |                     |                |  |  |  |
| I ask the Claims Administrator to change my representation status as set forth above. |           |                |           |       |                     |                |  |  |  |
| Signature:  |           |                |           | Date: | //<br>(Month/Day/Ye | ear)           |  |  |  |
| Name:   | Last Name |                | First Nam | ne    |                     | Middle Initial |  |  |  |
| Title (if a Business):  |           |                |           |       |                     |                |  |  |  |