



Requested Law Firm (continued)	City	State	Zip Code
	Telephone	Email	
E. Signature			
I ask the Claims Administrator to change my representation status as set forth above.			
Signature:			Date: <u>    </u> / <u>    </u> / <u>    </u> (Month/Day/Year)
Name:	Last Name	First Name	Middle Initial
Title (if a Business):			