

E. SIGNATURE

I ask the Claims Administrator to change my representation status as set forth above.

Signature:		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 in Representation Status** 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