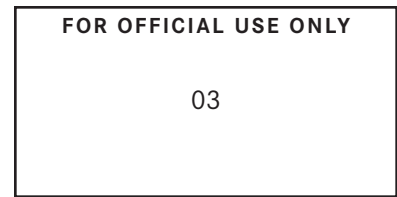


**IMPORTANT LEGAL MATERIALS**



**STATUS AND BENEFIT FORM**

This form must be completed in full, signed and postmarked by October 16, 2017 to be eligible to receive a payment. If the Resident has a Power of Attorney or the Resident is deceased, in order to receive a payment, you must provide a copy of the legal document proving you are the legal representative of the resident.

**Resident Full Name:** \_\_\_\_\_

1. Is the Resident living or deceased? (Circle One)      Living      Deceased

If the Resident is living, please provide the full name and current address of the Resident. The benefit will be payable to and mailed to the Resident at this address:

Resident Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

2. If the Resident is deceased, an estate must be opened. You must provide a copy of the Letters Testamentary or Order Appointing the Administrator, Personal Representative or Executor, or a file-marked copy of an Affidavit of Small Estate. Upon receipt, the benefit will be made payable to the Estate of the deceased Resident. Please provide the current address of the person authorized to act on behalf of the Resident's Estate:

Authorized Representative Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**CERTIFICATION**

I certify that the foregoing is true and correct to the best of my knowledge and belief under penalties of perjury.

By: \_\_\_\_\_

If you are signing on behalf of the Resident pursuant to a power of attorney or as a court appointed guardian, please attach a copy of the power of attorney or order appointing you as guardian.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

For more information, including a complete copy of the Settlement Agreement, go to [www.LambvGGNSC.com](http://www.LambvGGNSC.com).

