

INDIVIDUAL PURDUE PHARMA L.P.
PI TRUST DISTRIBUTION PROCEDURES FOR NAS PI CLAIMS

§ 1. APPLICABILITY AND SUBMISSION INSTRUCTIONS.

These trust distribution procedures (the “**NAS PI TDP**”) for NAS PI Claims¹ set forth the manner in which NAS PI Claims become eligible for payments from, and shall be discharged by, the PI Trust.

Except as provided below, pursuant to the Plan and the Master TDP, NAS Channeled Claims (including all NAS PI Fully Channeled Claims and NAS PI Channeled Estate Sub-Claims) shall be channeled to, and (unless otherwise Disallowed) liability therefor shall be assumed by, the PI Trust as of the Effective Date of the Plan. As used herein, “**NAS PI Fully Channeled Claims**” shall mean all NAS PI Channeled Claims whose respective Holders affirmatively consent to the Third-Party Releases through electing to opt in to the Third-Party Releases on their respective Ballot on or before the Voting Deadline², which includes (i) such NAS PI Claims against any Debtor for alleged opioid-related personal injury to a NAS Child or other similar opioid-related Causes of Action against any Debtor asserted by or on or behalf of a NAS Child, unless otherwise Disallowed pursuant to the claims objection process, and (ii) all Released Claims or Shareholder Released Claims held by Holders of such NAS PI Channeled Claims that are for alleged opioid-related personal injury to a NAS Child or that are for similar opioid-related Causes of Action, in each case, that arose prior to the Petition Date, and unless otherwise Disallowed pursuant to the claims objection process, and that are not Non-NAS PI Channeled Claims, Third-Party Payor Channeled Claims, or Healthcare Provider Channeled Claims, or held by a Domestic Governmental Entity.

Pursuant to the Plan and the Master TDP, NAS PI Channeled Claims whose respective Holders do not consent to the Third-Party Releases through electing to opt in to the Third-Party Releases on their respective Ballot on or before the Voting Deadline shall be referred to herein as “**NAS PI Partially Channeled Claims**” to account for (i) the portion of such Claims that are Released Claims or Shareholder Released Direct Claims that such Holders did not consent to release, which shall not be channeled to the PI Trust (and as to which liability shall not be assumed by the PI Trust) as of the Effective Date (the “**NAS PI Non-Channeled Direct Sub-Claims**”) and (ii) the portion of such Claims that constitute Claims against any Debtor for alleged opioid-related personal injury to a NAS Child or other similar opioid-related Causes of Action against any Debtor asserted by or on or behalf of a NAS Child that arose prior to the Petition Date and are not Non-NAS PI Channeled Claims, Third-Party Payor Channeled Claims, or Healthcare Provider

¹ Capitalized terms used but not defined in this NAS PI TDP shall have the meanings ascribed to such terms in the Eighteenth Amended Joint Chapter 11 Plan of Reorganization of Purdue Pharma L.P. and Its Affiliated Debtors (as modified, amended or supplemented from time to time, the “Plan”) [ECF No. [8223]].

² If for any reason the Bankruptcy Court determines that any of the opt-in elections for granting the Third-Party Releases recorded on a Master Ballot for Class 10(a) NAS PI Claims are not valid, the Claims Administrator or the PI Trustee, as applicable, will establish a mechanism for obtaining confirmation from the Holders of those NAS PI Claims that are listed on such Master Ballot that such Holders have in fact elected to grant the Third-Party Releases so that such Holders can continue to be treated in this NAS PI TDP as holding NAS PI Fully Channeled Claims.

Channeled Claims, or held by a Domestic Governmental Entity shall be channeled to the PI Trust (and as to which liability shall be assumed by the PI Trust) as of the Effective Date (together, the “**NAS PI Channeled Estate Sub-Claims**”). NAS PI Fully Channeled Claims and NAS PI Channeled Estate Sub-Claims shall be administered and resolved pursuant to this NAS PI TDP and satisfied solely from the PI Trust NAS Fund or the Class 10(a) Non-Participating Claims Reserve, as applicable. In no event shall the PI Trust be responsible for paying Holders of any Allowed NAS PI Channeled Claims that do not meet all of the requirements of this NAS PI TDP out of the PI Trust NAS Fund.

Pursuant to the terms of this NAS PI TDP, NAS PI Fully Channeled Claims shall either be Qualified³ or Deficient,⁴ as applicable, and, in either case, shall be liquidated to determine the respective gross amount of such Claims (an “**Award**”). Allowed Qualified NAS PI Channeled Claims shall be entitled to one hundred percent (100%) of their respective Awards, subject to the PI Trust Deductions and Holdbacks described below, in accordance with this NAS PI TDP.

Deficient NAS PI Fully Channeled Claims that (i) are not Substantiated⁵ under this NAS PI TDP (and for which the Deficiency is not cured in accordance with this NAS PI TDP) or (ii) are Disallowed by the Bankruptcy Court shall not receive an Award pursuant to Sections 5(a)-(c) herein.

Pursuant to the terms of this NAS PI TDP, all NAS PI Partially Channeled Claims shall be referred to as “Non-Participating”⁶ and shall be liquidated to determine what the respective Award would have been had such Claim been a NAS PI Fully Channeled Claim. Holders of NAS PI Partially Channeled Claims that are Disallowed by a Final Order shall receive no Award on account of such Claims either against the Debtors or the PI Trust. With respect to Deficient NAS PI Partially Channeled Claims that would otherwise be Substantiated, (i) each Individual Direct Claim Holdback Amount⁷ portion shall be withheld from funding the PI Trust by the Shareholder Released Parties pursuant to the Plan and (ii) each Individual Non-Participating Claim Holdback Amount⁸ portion shall be deposited into the Class 10(a) Non-Participating Claims Reserve subject

³ “**Qualified**” in the context of a NAS PI Channeled Claim is a Claim that is Substantiated and entitled to receive an Award under §5 of this NAS PI TDP.

⁴ “**Deficient**” or “**Deficiency**” with respect to a NAS PI Channeled Claim refers to a NAS PI Fully Channeled Claim (i) that does not satisfy the requirements of §§3–4 herein, or (ii) for which a Deficiency was not timely cured under §4 herein.

⁵ “**Substantiated**” or “**Substantiation**” refers to any NAS PI Channeled Claim that satisfies all of the requirements of §§3–4 of this NAS PI TDP.

⁶ “**Non-Participating**” with respect to a NAS PI Partially Channeled Claim refers to a NAS PI Partially Channeled Claim held by a Non-Settling Creditor as of the Effective Date until such Claim is either (i) Allowed in accordance with Section 7.6 or 7.9 of the Plan or (ii) Disallowed by Final Order.

⁷ “**Individual Direct Claim Holdback Amount**” means the holdback from funding by the Shareholder Released Parties to the PI Trust as to an individual Holder of a Substantiated NAS PI Partially Channeled Claim in an amount equal to 22.4% of what such Holder’s Award would be pursuant to this NAS PI TDP if such Claim becomes Allowed. For the avoidance of doubt, the overall Individual Direct Claim Holdback Amount will ultimately equal 22.4% of what such Holder’s Award will be upon the PI Trust’s receiving the PI Trust’s reversionary interest in the Special Operating Reserve

⁸ “**Individual Non-Participating Claim Holdback Amount**” means the holdback and segregation by the PI Trust as to an individual Holder of a Substantiated NAS PI Partially Channeled Claim in an amount equal to 77.6% of what such Holder’s Award would be pursuant to this NAS PI TDP if such Claim becomes Allowed. For the avoidance of doubt, the overall Individual Non-Participating Claim Holdback Amount will ultimately equal

to the PI Trust Deductions and Holdbacks described below. Upon Allowance of any Non-Participating NAS PI Partially Channeled Claim, such Claim shall either be Qualified or Deficient, as applicable, and, in either case, shall be liquidated to determine the respective Award for such Claim. **ANY HOLDER OF A NAS PI CLAIM WHO DOES NOT CONSENT TO VOLUNTARILY RELEASE THE SHAREHOLDER RELEASED PARTIES SHALL NOT RECEIVE ITS INDIVIDUAL DIRECT CLAIM HOLDBACK AMOUNT (I.E., (22.4%) OF WHAT SUCH HOLDER'S AWARD WOULD HAVE BEEN ON THE EFFECTIVE DATE IF ITS NAS PI CLAIM WERE SUBSTANTIATED) FROM THE PI TRUST AS DESCRIBED HEREIN.**

An Award for a NAS PI Fully Channeled Claim liquidated under this NAS PI TDP shall be a gross number subject to the following deductions and holdbacks (the “**Fully Channeled PI Trust Deductions and Holdbacks**”): (A) a pro rata share of the operating expenses of the PI Trust; (B) amounts held back under the Lien Resolution Program (the “**LRP Agreement**”) to settle liens held by private insurance companies against that Award, if any; (C) amounts prepaid to the United States under the United States-PI Claimant Medical Expense Claim Settlement to settle liens of federal healthcare programs like Medicare, Tricare, and VA against that Award, if any; (D) a pro rata share of the compensation, costs and fees of professionals that represented or advised the Ad Hoc Group of Individual Victims and the NAS Committee in connection with the Chapter 11 Cases, subject to Section 5.9(h) of the Plan; (E) the common benefit assessment required under Section 5.9(d) of the Plan; and (F) the fees and costs of the NAS PI Claimant’s individual attorney(s) in the Chapter 11 Cases, if any, reduced by the common benefit assessment in accordance with Section 5.9(d) of the Plan.⁹ In addition to the deductions and holdbacks described above, an award may be subject to claims by certain state or tribal healthcare programs that are not part of the LRP Agreement, including Medicaid.

An Award for a NAS PI Partially Channeled Claim liquidated under this NAS PI TDP shall be a gross number subject to the following deductions and holdbacks (the “**Partially Channeled PI Trust Deductions and Holdbacks**” and together with the Fully Channeled PI Trust Deductions and Holdbacks, the “**PI Trust Deductions and Holdbacks**”): (A) a pro rata share of the operating expenses of the PI Trust; (B) amounts held back under the LRP Agreement to settle liens held by Medicaid or private insurance companies against that Award, if any; (C) amounts prepaid to the United States under the United States-PI Claimant Medical Expense Claim Settlement to settle liens of federal healthcare programs like Medicare, Tricare, or VA against that Award, if any; and (D) a pro rata share of the compensation, costs, and fees of professionals that represented or advised the Ad Hoc Group of Individual Victims and the NAS Committee in connection with the Chapter 11 Cases, subject to Section 5.9(h) of the Plan.¹⁰ For clarity, while the Award for a NAS

77.6% of what such Holder’s Award will be upon the PI Trust’s receiving the maximum potential amount of the PI Trust’s reversionary interest in the Special Operating Reserve.

⁹ If you have an individual attorney, then your attorney, rather than the PI Trust, or the Trustee, at the direction of your attorney, will be responsible for deducting his/her fees and expenses from your Award.

¹⁰ While subparts (E) the common benefit assessment required under Section 5.9(d) of the Plan; and (F) the fees and costs of counsel to the Holder of such NAS PI Channeled Claim in the Chapter 11 Cases, if any, are used to calculate Holdback Amounts for NAS PI Fully Channeled Claims, they are not, in the first instance, used to calculate Holdback Amounts for NAS Partially Channeled Claims. However, in the event a NAS PI Partially Channeled Claim becomes Allowed, such Claim would be subject, at that time and from its recovery, to (E) the

PI Partially Channeled Claim is a gross number pursuant to this paragraph, the actual calculation of the Individual Disputed Claim Holdback Amount and the Individual Direct Claim Holdback Amount shall be net of the these Partially Channeled PI Trust Deductions and Holdbacks. For example, if the Award for a Substantiated NAS PI Partially Channeled Claim would be \$100 and the Partially Channeled PI Trust Deductions and Holdbacks pursuant to (A)-(D) of this paragraph are \$30, the Individual Disputed Claim Holdback Amount would be \$54.32 (77.6% of \$70 net Award) and the Individual Direct Claim Holdback Amount would be \$15.68 (22.4% of \$70 net Award).

This NAS PI TDP sets forth what forms and qualifying evidence each Holder of a NAS PI Channeled Claim must submit in order to be eligible to receive an Award. Specifically, the form attached hereto as **Exhibit A** (the “**NAS PI Claim Form**”) may be completed online, and evidence in support of a NAS PI Claim can be uploaded online via the PI Trust’s website, www.purduepitrust.com (the “**PI Trust Website**”). Completed NAS PI Claim Forms as well as evidence in support of a NAS PI Channeled Claim also can be submitted to the PI Trust by sending such forms and evidence by (i) email to purduepitrust@purduepitrust.com, (ii) mail to Purdue PI Trust, P.O. Box 361930, Hoover, Alabama 35236-1930, or (iii) facsimile to 205-716-2364. Law firm claim batches should be submitted via the Bulk Data and Document Submittal process outlined on the law firm tab of the PI Trust Website.

This NAS PI TDP does not impair any rights under 28 U.S.C. § 157(b)(5) of a Holder of a NAS PI Channeled Claim (i) whose Claim has not been Disallowed by the Bankruptcy Court and (ii) who has been determined by the Bankruptcy Court not to have consented to have such Claim administered pursuant to this NAS PI TDP in accordance with the terms hereof.

§ 2. ALLOCATION OF FUNDS; CLAIMS ADMINISTRATOR.

Allocations of Funds to the PI Trust and Further Allocations to the PI Trust NAS Fund and the PI Trust Non-NAS Fund.

- (a) Under the Plan, on the Effective Date the PI Trust shall receive \$815,818,195¹¹ of Effective Date Cash less any amounts paid by the Debtors to the Claims Administrator or otherwise advanced by the Debtors to the NAS Monitoring Trust and PI Trust prior to the Effective Date, subject to (i) the SOR Holdbacks on account of the Initial NAS PI Distribution and the Initial Non-NAS Distribution in the total amount of \$11,138,195, (ii) amounts distributed directly to the United States under the United States-PI Claimant Medical Expense Claim Settlement and (iii) the Aggregate Direct Claims Holdback Amount.¹² The PI Trust shall establish

common benefit assessment required under Section 5.9(d) of the Plan; and (F) the fees and costs of counsel to the Holder of such NAS PI Partially Channeled Claim in the Chapter 11 Cases, if any.

¹¹ As described in Exhibits N and Z of the Master Shareholder Settlement Agreement, on the Effective Date, the Individual Non-Participating Claim Holdback Amounts shall be deposited by PRA L.P. directly into the Class 10(b) Non-Participating Claims Reserves held by the PI Trust, subject to the PI Trust Deductions and Holdbacks described herein.

¹² “Aggregate Direct Claims Holdback Amount” means the aggregate amount of the Individual Direct Claim Holdback Amounts that are projected as of the date of the Effective Date. For the avoidance of doubt, NAS PI Channeled Claims that are Disallowed pursuant to the claims resolution process shall not be taken into

a fund to pay NAS PI Channeled Claims (the “PI Trust NAS Fund”); and a fund to pay Non-NAS PI Channeled Claims (the “PI Trust Non-NAS Fund”), and shall allocate the distribution it receives under the Plan as follows, in each case, subject to the holdbacks and reductions set forth above: (i) \$48,213,070¹³ received by the PI Trust on the Effective Date to the PI Trust NAS Fund, (ii) \$65,848,195 to the PI Trust NAS Fund, (iii) 16.2438% of the PI Trust’s reversionary interest in the Special Operating Reserve to the PI Trust NAS Fund, and (iv) the remainder to the PI Trust Non-NAS Fund, in each case subject to applicable PI Trust Deductions and Holdbacks. The Initial NAS PI Distribution shall be subject to deductions for (i) the SOR Holdback in the amount of \$1,814,710 as well as (ii) any Aggregate Direct Claims Holdback Amount, (iii) any amounts advanced to the NAS Monitoring Trust by the Debtors prior to the Effective Date, and (iv) 13.98% of any amounts paid by the Debtors to the Claims Administrator and/or advanced to the PI Trust prior to the Effective Date. Notwithstanding the above, (i) one hundred percent (100%) of any Aggregate Direct Claims Holdback Amount with respect to NAS PI Claims shall be allocated to the PI Trust NAS Fund and (ii) one hundred percent (100%) of any Aggregate Direct Claims Holdback with respect to Non-NAS PI Claims shall be allocated to the PI Trust Non-NAS Fund.

(b) Claims Administrator.

- (i) The PI Trust shall be established in accordance with § 5.8 of the Plan to (1) assume all liability for the PI Channeled Claims, (2) collect the PI Trust Distribution, (3) administer, process, and resolve NAS and Non-NAS PI Channeled Claims, (4) make Distributions on account of Allowed PI Channeled Claims in accordance with the PI Trust Documents (including this NAS PI TDP), (5) fund the TPP LRP Escrow Account and make payments therefrom to LRP Participating TPPs, in each case, in accordance with and subject to the terms of the LRP Agreement, (6) calculate the Aggregate Direct Claims Holdback Amount and the Aggregate Non-Participating Claims Holdback Amount, (7) establish and fund the Class 10(a) Non-Participating Claims Reserve with the Aggregate Non-Participating Claims Holdback Amount, and (8) carry out such other matters as are set forth in the PI Trust Documents. The trustee of the PI Trust (the “**PI Trustee**”), Edgar Gentle III, of Gentle, Turner, & Benson, LLC, shall serve as claims administrator (the “**Claims Administrator**”) to carry out the duties of the Trustee as set forth in the Plan and PI Trust Documents.

account in calculating the Aggregate Direct Claims Holdback Amount. Pursuant to the Plan, the Shareholder Released Parties shall withhold the Aggregate Direct Claims Holdback Amount from funding obligations to the PI Trust and shall contribute such amounts to Litigation Costs.

¹³ \$48,213,070 is the sum of (i) 6.43% of \$700,000,000 of the Initial PI Trust Distribution Amount, up to an aggregate \$45 million in accordance with the definition of “NAS PI Portion” in the Twelfth Amended Plan, and (ii) 6.43% of the \$49,970,000 remaining Initial PI Trust Distribution Amount.

- (ii) The Trustee and the Claims Administrator¹⁴ shall determine, pursuant to the requirements set forth in this NAS PI TDP, whether the NAS PI Channeled Claims liquidated under this NAS PI TDP are Qualified and Substantiated or Deficient. The Claims Administrator may investigate any such claim, and may request information from any Holder of a NAS PI Channeled Claim to ensure compliance with the terms outlined in this NAS PI TDP. For any Holder of a NAS PI Claim who executes the required HIPAA form attached hereto as **Exhibit B**, the Claims Administrator also has the power to directly obtain the medical records of such Holder (or its decedent, if applicable) solely for purposes of review in the Claims Administrator's investigation of any such Claim for compliance or for lien resolution, if applicable. As outlined in Section 3 of this NAS PI TDP, it is the responsibility of the Holder of such NAS PI Channeled Claim to obtain and submit the required proof set forth in Section 3(c) below, unless such proof was previously provided with the Claimant's Proof of Claim that was timely filed in the Debtors' Chapter 11 Cases or provided to the Claims Administrator in connection with either the *Mallinckrodt plc* (Case No. 20-12522) (Bankr. Del.) bankruptcy, or the *Endo International plc* (Case No.22-22549) (Bankr. SDNY) bankruptcy.
- (iii) The Claims Administrator making any Distribution shall comply with all applicable withholding and reporting requirements imposed by any U.S. federal, state or local or foreign taxing authority ("**Taxing Authority**"). Any amounts so withheld and properly remitted to the applicable Taxing Authority shall be deemed to have been distributed to and received by the applicable claimant. Any party entitled to receive any Cash or other property under this NAS PI TDP shall, upon request, deliver to the Claims Administrator, a properly executed IRS Form W-9 or Form W-8, as applicable, and any other forms or documents reasonably requested by such party, to reduce or eliminate any withholding required by any U.S. federal, state, local or foreign taxing authority.

§ 3. INITIAL NAS PI CHANNELED CLAIM CLASSIFICATION (QUALIFIED, SUBSTANTIATED, OR DEFICIENT).

For an NAS PI Channeled Claim that is being liquidated pursuant to the streamlined procedures set forth in this NAS PI TDP to be Qualified and Substantiated the Holder of such NAS PI Channeled Claim must:

- (a) Hold such NAS PI Channeled Claim against one or more Debtors;

¹⁴ As the same individual is serving as both Trustee and Claims Administrator, reference to actions by both refer to Mr. Gentle acting in such capacity.

- (b) Have timely¹⁵ filed an individual personal injury Proof of Claim for such NAS PI Channeled Claim against one or more Debtors in the Chapter 11 Cases asserting such Holder's NAS PI Channeled Claim against one or more Debtors;
- (c) Demonstrate by Competent Evidence (as defined below) a diagnosis by a licensed medical provider of a medical, physical, cognitive or emotional condition resulting from the NAS Child's intrauterine exposure to opioids or opioid replacement or treatment medication, including but not limited to the condition known as neonatal abstinence syndrome ("NAS"). The diagnosis can be made by any licensed medical professional, specifically including physicians, nurses, physician assistants, mental health counselor or therapist, or professional at a rehabilitation center. Note, however, that if the Holder of a NAS PI Channeled Claim provided the required documentation in connection with the *Mallinckrodt plc* (Case No. 20-12522) (Bankr. Del.) bankruptcy, the *Endo International plc* (Case No.22-22549) (Bankr. SDNY) bankruptcy, or your Proof of Claim that was filed in the Debtors' Chapter 11 Cases, the Claimant does not need to resubmit the required documentation referenced in this Paragraph (c), but shall provide the Claims Administrator with a statement (or if filing in bulk by the Firm, with a list) confirming the previously filed Claim(s) for the Claims Administrator to vet and verify.
- (d) Complete, sign,¹⁶ and submit the NAS PI Claim Form attached hereto as **Exhibit A** so that it is received on or before **July 28, 2025** (the "**NAS PI Claims Deadline**") (which is sixty (60) days after the notice of the NAS PI Claims Deadline was distributed to Holders of NAS PI Channeled Claims as set out in the *Order (I) Appointing PI and TPP Claims Administrators; (II) Authorizing the Establishment*

¹⁵ If the Proof of Claim for the NAS PI Channeled Claim was filed on or before the General Bar Date, the Claims Administrator shall consider the Proof of Claim timely. Except as set forth in the following sentence, if the Proof of Claim for the NAS PI Channeled Claim was filed after the General Bar Date, the Claims Administrator shall not consider such Proof of Claim to be a NAS PI Channeled Claim and such Proof of Claim shall not be eligible for any recovery under this NAS TDP. If the Proof of Claim for the NAS PI Channeled Claim was filed after the General Bar Date and the claimant provides a Final Order from the Bankruptcy Court granting its motion to file a late Proof of Claim, the Claims Administrator shall consider such Proof of Claim timely.

¹⁶ If the Holder of a NAS PI Channeled Claim is represented by counsel, then such Holder's NAS PI Claim Form may be signed by such Holder's attorney instead of by such Holder; *provided* that such NAS PI Claim Form contains substantially the following attestation "I, [Name of Attorney], hereby swear under penalty of perjury that the information contained herein is true and accurate to the best of my knowledge made after conducting due diligence, and that this NAS PI Claim Form is being filed with the consent of my client, or the authority to file on my client's behalf under applicable law and/or with appropriate power of attorney." The Claims Administrator shall be entitled to rely on this attestation. However, in the event the Claims Administrator reasonably suspects that the Holder's counsel does not have such consent under applicable law or power of attorney, or is otherwise misrepresenting such consent or authority, the Claims Administrator may request backup documentation. If such backup documentation does not resolve the Claims Administrator's concerns regarding the attestation, the Claims Administrator may require the Holder of the NAS PI Channeled Claim to sign the NAS PI Claim Form in order to avoid being Deficient, or take other appropriate measures to prevent fraud. In the event of a large inventory doing bulk uploads, the PI Trustee shall establish procedures for bulk attestations.

of Claims Deadlines and Claims Objection Procedures; and (III) Granting Related Relief [Docket No. 7382]);

- (e) Complete, sign and submit the applicable HIPAA consent form attached hereto as **Exhibit B** unless provided to the Claims Administrator in connection with the *Mallinckrodt plc* (Case No. 20-12522) (Bankr. Del.) bankruptcy, or the *Endo International plc* (Case No.22-22549) (Bankr. SDNY) bankruptcy; and
- (f) To the extent the NAS PI Channeled Claim concerns the injuries of a decedent of the Holder of such Claim, complete, sign and submit the Heirship Declaration attached hereto as **Exhibit C**, or provide valid estate documents authorizing the Holder of the Claim to act on behalf of the decedent's estate, unless provided to the Claims Administrator in connection with the *Mallinckrodt plc* (Case No. 20-12522) (Bankr. Del.) bankruptcy, or the *Endo International plc* (Case No.22-22549) (Bankr. SDNY) bankruptcy.

If the Holder of a NAS PI Channeled Claim does not satisfy the above requirement (b), such Claim cannot be Qualified. In no event shall a Person who does not satisfy (a) and (b) above receive any distribution under this NAS PI TDP.

If the Holder of a NAS PI Fully Channeled Claim or Allowed NAS PI Channeled Estate Sub-Claim satisfies all of the above requirements (a)-(e) [and if applicable (f)], such Claim shall be Qualified and Substantiated. If the Holder of a NAS PI Fully Channeled Claim or NAS PI Partially Channeled Claim does not satisfy all of the above requirements (a)-(e) [and (f) if applicable], then such Claim shall be Deficient.

Each Holder of a NAS PI Claim must complete, sign, and submit the NAS PI Claim Form so that it is received by the Claims Administrator on or before the NAS PI Claims Deadline. Failure to do so shall result in such NAS PI Channeled Claim being Deficient.¹⁷

In no event shall a Person who did not satisfy §3 (a) and (b) receive any distribution under this NAS PI TDP

¹⁷ If a NAS PI Claim Form is received by the Claims Administrator after the NAS PI Claims Deadline, such NAS PI Channeled Claim shall be a Deficient Claim absent a showing of extraordinary cause, to the satisfaction of and pursuant to the sole discretion of the Claims Administrator, *provided, however*, that in no event shall such NAS PI Channeled Claim be Qualified or Substantiated if such NAS PI Channeled Claim Form is received by the Claims Administrator more than fifteen (15) days after the NAS PI Claims Deadline. Groups of NAS PI Claim Forms represented by the same attorney received after the NAS PI Claims Deadline shall not be considered timely, and thus such NAS PI Claims shall not be Qualified or Substantiated, because the Claims Administrator only has the discretion to consider one NAS PI Channeled Claim at a time.

§ 4. COMPETENT EVIDENCE REQUIRED.

- (a) To receive a recovery on his/her NAS PI Channeled Claim, a Holder of a NAS PI Channeled Claim must submit one of the following forms of evidence (“**Competent Evidence**”):
- (i) A document from a licensed medical provider diagnosing the NAS Child with a medical, physical, cognitive or emotional condition resulting from the NAS Child’s intrauterine exposure to opioids or opioid replacement or treatment medication, including but not limited to the condition known as NAS;
 - (ii) A document from a licensed medical provider affirming that the NAS Child had Neonatal Opioid Withdrawal Syndrome (“**NOWS**”); or
 - (iii) Other medical records evidencing that the NAS Child had an NAS diagnosis, including post-natal treatment for symptoms caused by opioid exposure, symptoms of post-natal withdrawal from opioids, medical scoring for NAS or NOWS which is positive or indicates fetal opioid exposure, a positive toxicology screen of the birth mother or infant for opioids or opioid-weaning drugs, or medical evidence of maternal opioid use.
- (b) The Claims Administrator shall have discretion to determine whether these evidentiary requirements have been met, including whether the forms of evidence submitted constitute Competent Evidence.¹⁸ Any NAS PI Channeled Claim that fails to meet these requirements shall be a Deficient Claim.
- (c) The Claims Administrator shall have the discretion to request additional relevant documentation believed to be in the possession of the Holder of a NAS PI Channeled Claim or his or her authorized agent or lawyer. The Claims Administrator has the sole discretion, subject to appeal under § 10, to classify a claim as Deficient, or to reduce or eliminate Awards for Qualified NAS PI Channeled Claims or Substantiated NAS PI Channeled Claims, as applicable, if he concludes that there has been a pattern and practice to circumvent full or truthful disclosure under this § 4.
- (d) Within a reasonable time after the NAS PI Claims Deadline, the Claims Administrator shall send a notice of deficiency to the Holder of any NAS PI

¹⁸ Competent Evidence necessary for Allowance of an NAS PI Channeled Claim is evidence, in the opinion of the Trustee, that establishes that the occurrence of a diagnosis of NAS, or a medical, physical, cognitive or emotional condition resulting from the NAS Child’s intrauterine exposure, with respect to an NAS PI Claimant is more likely true than not true, *i.e.* a probability standard. Competent Evidence requires more than a mere possibility or scintilla of truth, but such standard does not require proof that rises to the level of clear and convincing evidence. However, notwithstanding anything to the contrary in this NAS PI TDP, proof of a prescription of an opioid product shall not be required.

Channeled Claim that submitted a NAS PI Claim Form that is incomplete or deficient because the Holder of the NAS PI Channeled Claim failed to meet the requirements, or provide proof of meeting the requirements, for § 3(b) through (e) herein. If the Holder of the NAS PI Channeled Claim receives notice of a Deficiency, the Holder must cure the Deficiency no later than thirty (30) days after such notice has been sent to the Holder in order for such NAS PI Channeled Claim to avoid being Deficient. Failure to do so shall result in such NAS PI Claim being deemed Deficient. If a Deficiency is timely cured to the satisfaction of the Claims Administrator, such NAS PI Claim shall not be Deficient, but does not guarantee the NAS PI Claim will otherwise be Qualified.

§ 5. AWARDS.

- (a) The money available in the PI Trust NAS Fund for distribution to Substantiated NAS PI Fully Channeled Claims or Substantiated Disputed NAS PI Partially Channeled Claims shall be allocated equally among the Substantiated NAS PI Fully Channeled Claims and Substantiated Deficient NAS PI Partially Channeled Claims and allocated as equal gross awards to the Holders of such Substantiated NAS PI Fully Channeled Claims and Substantiated Deficient NAS PI Partially Channeled Claims. Because distributions to minors are to be held in trust until the minor becomes a legal adult (unless a competent court orders otherwise), it may take years before you have received all of your Award.
- (b) The distribution amount under the NAS PI TDP is a gross award that will be further reduced to pay the applicable PI Trust Deductions and Holdbacks. In addition, the award may be subject to claims by certain state or tribal healthcare programs that are not part of the LRP Agreement.
- (c) Awards issued hereunder compensate only general pain and suffering on account of the NAS Child's injuries. Because of limited funds, economic damages and punitive damages are not compensable.
- (d) In no event will any Allowed NAS PI Channeled Claim receive a recovery from the PI Trust in an amount in excess of the maximum amount available to Substantiated NAS PI Channeled Claims hereunder.

§ 7. BAR FOR PRIOR SETTLED CASES.

If a NAS PI Channeled Claim was reduced prior to the Petition Date to a settlement, judgment, or award against a Debtor, the Holder of such Claim shall be barred from receiving any Award under this NAS PI TDP on account of such NAS PI Channeled Claim and shall not recover from the PI Trust on account of such NAS PI Channeled Claim.

§ 8. SPECIAL PROCEDURES IN RESPECT OF MINORS.

With respect to NAS PI Channeled Claimants who are minors under applicable law, the special procedures set forth in **Exhibit D** hereto also apply and shall supplement the procedures set forth in this NAS PI TDP, including completing the Proxy Form attached thereto.

§ 9. FAIRNESS AUDITS AND FRAUD PREVENTION.

The Claims Administrator will use appropriate and reasonable technology and strategies to prevent paying fraudulent claims while making the claims process as simple as possible. The Claims Administrator shall use reasonable steps to mitigate fraud so as to ensure a fair and secure claims review and payment process, while not falsely flagging legitimate NAS PI Channeled Claims. Periodic fairness audits will be conducted on samples of NAS PI Channeled Claims to ensure that they are being evaluated and paid fairly.

§ 10. APPEALS.

The appeals process will begin as soon as practicable after the Effective Date of the Plan. To the extent a NAS PI Channeled Claim has not already been resolved through the claims resolution process as described in the Plan (i.e., allowed or disallowed in a Final Order)¹⁹, the Holder of such NAS PI Channeled Claim has a right to appeal the Claims Administrator's determination that (i) such Claim is not Substantiated or is otherwise Deficient, and thus Allowed in the amount of \$0 or (ii) such Claim is Substantiated or Allowed but the Claims Administrator has reduced or eliminated the amount of Award based on his conclusion that there has been a pattern and practice to circumvent full or truthful disclosure under § 4. Any such appeals shall be referred to a special master to handle any appeals brought under this NAS PI TDP (the "**Appeals Special Master**").

Specifically, within twenty (20) days of receiving notice of the Claims Administrator's determination, a Holder of a NAS PI Channeled Claim choosing to appeal such determination must submit an appeal to the Claims Administrator in writing setting forth such Holder's position and explaining the reason such Holder believes the Claims Administrator's determination is wrong. An appeal fee of \$500 shall be assessed against such Holder regardless of the outcome of its appeal. Failure to provide the appeal fee within ten (10) days of submission will result in the dismissal of the appeal.

- If the Holder of a NAS PI Channeled Claim timely filed a NAS PI Claim Form and was given the opportunity to cure any Deficiency as described in § 4(d) of this NAS PI TDP, the Appeals Special Master will conduct a *de novo* review of the appeal record and claim file, and no additional evidence may be provided.
- If the Holder of such NAS PI Channeled Claim did not timely file a NAS PI Claim Form, but otherwise meets the criteria of § 3(a) and (b) of this NAS PI TDP, such Holder must also provide the required documentation outlined in § 3(c)-(f) herein as part of the appeal process because such Holders do not have the right under this NAS PI TDP to cure a Deficiency and, therefore, the Appeals Special Master will only review the evidence provided at the appeals stage.

¹⁹ To be clear, if a NAS PI Claim was Disallowed during the claims resolution process under the Plan, such Holder of a Claim has no appeal rights under this NAS PI TDP.

Decisions of the Appeals Special Master shall be final and binding, and Holders of NAS PI Channeled Claims shall have no further appeal rights as to any determinations made by the Claims Administrator under this NAS PI TDP beyond those set forth in this §10. Decisions of the Appeals Special Master shall be made within sixty (60) days of receipt of the notice of the applicable appeal.

CLAIM FORM FOR
THE PURDUE PI TRUST DISTRIBUTION
PROCEDURES FOR NAS PI CLAIMS

NAS CLAIM FORM FOR PURDUE NAS PI TRUST DISTRIBUTION PROCEDURES

Eligibility and Claim Requirements:

In order to be eligible for a Distribution¹ from the Purdue PI Trust (the “**PI Trust**”) for a NAS PI Channeled Claim, a claimant will, among other things, be required to:

- a) Hold a NAS PI Channeled Claim against one or more Debtors;
- b) Have timely filed individual personal injury Proof of Claim for such NAS PI Channeled Claim against one or more Debtors in the Chapter 11 Cases;
- c) Submit the required proof demonstrating a diagnosis by a licensed medical provider of a medical, physical, cognitive or emotional condition resulting from the NAS Child’s intrauterine exposure to opioids or opioid replacement or treatment medication, including but not limited to the condition known as neonatal abstinence syndrome (“**NAS**”).

Important Note: If you provided the required documentation in connection with (i) the *Mallinckrodt plc* (Case No. 20-12522) (Bankr. D. Del.) bankruptcy, (ii) the *Endo International plc* (Case No. 22-22549) (Bankr. S.D.N.Y.) bankruptcy, or (iii) your Proof of Claim that was filed in the Debtors’ Chapter 11 Cases, you do not need to resubmit the required documentation, but shall provide the PI Claims Administrator with a statement (or if filing in bulk by the Firm, with a list) confirming the previously filed Claim(s) for the PI Claims Administrator to review;

Additionally, each Holder of a NAS PI Claim seeking an Award from the PI Trust must complete, sign, and submit the following documents so that they are **received on or before July 28, 2025** (“**Claims Deadline**”):²

- a) This NAS PI Claim Form (the “**NAS Claim Form**”);
- b) The applicable HIPAA consent form found on pages 13 and 14 of this NAS Claim Form;
- c) To the extent the NAS PI Channeled Claim concerns the injuries of a decedent of the Holder of such Claim, the Heirship Declaration, which can be found on the Purdue PI Trust website at purduepitrust.com, or valid estate documents authorizing the Holder of the Claim to act on behalf of the decedent’s estate; and
- d) For Holders of NAS PI Claims that are minors, a Proxy Form found on pages 10 through 12 of this NAS Claim Form, which can also be found in Exhibit D of the NAS PI TDP.

¹ Capitalized terms used but not defined herein have the meanings ascribed to them in the NAS Personal Injury Trust Distribution Procedures (“**NAS PI TDP**”) or, if not defined therein, then the meanings ascribed to them in the Thirteenth Amended Joint Chapter 11 Plan of Reorganization of Purdue Pharma L.P. and Its Affiliated Debtors (the “**Plan**”). The most recent versions of the NAS PI TDP and the Plan can be found at <http://www.purduepitrust.com>.

² Parties that previously filed claims and provided the required documentation in connection with (i) the Mallinckrodt plc (Case No. 20-12522) (Bankr. D. Del.) bankruptcy, ((ii) the Endo International plc (Case No. 22-22549) (Bankr. S.D.N.Y.) bankruptcy, or (iii) your Proof of Claim that was filed in the Debtors’ Chapter 11 Cases do not need to provide further documentation, except as set forth herein. In the event of law firms with a large inventory doing bulk uploads, the PI Trustee shall establish procedures for bulk attestations.

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FAILURE TO TIMELY SUBMIT THIS NAS CLAIM FORM ALONG WITH THE REQUIRED INFORMATION OUTLINED UNDER THE ELIGIBILITY SECTION ABOVE BY JULY 28, 2025, IN ACCORDANCE WITH THE NAS PI TDP MAY RESULT IN THE NAS PI CLAIM BEING DEEMED A DISPUTED CLAIM THAT WILL BE THE SUBJECT OF AN OBJECTION.

THE NAS PI TDP AND ANY FORMS REFERENCED IN THIS NAS CLAIM FORM CAN BE FOUND ON THE PI TRUST WEBSITE AT [HTTP://WWW.PURDUEPITRUST.COM](http://www.purduepitrust.com).³

Instructions for NAS Claim Form Submission:

If you represent the interests of an NAS Child and are seeking to recover money from the PI Trust on account of that NAS Child's NAS PI Channeled Claim(s), you must complete this NAS Claim Form and return the form as instructed below. If you do not complete the form, you MAY NOT qualify to receive funds on behalf of the NAS PI Claimant you represent, and your NAS PI Claim may be the subject of an objection, disallowance or a denial.

If you believe that the NAS Child you represent holds multiple NAS PI Channeled Claims against the Debtors on account of multiple injuries, you should submit only one NAS Claim Form.

If you represent the interests of more than one NAS Child, you must file a NAS Claim Form on behalf of each individual NAS Child. YOU CANNOT file one NAS Claim Form on behalf of multiple children.

Please follow the instructions of each section carefully to ensure that the NAS Claim Form is submitted correctly. Except as otherwise indicated, all words shall be given their ordinary meaning. Submitting this NAS Claim Form does not guarantee that your NAS PI Claim will be Allowed or that you will receive payment from the PI Trust.

It is the responsibility of the Holder of the NAS PI Claim or its representative to submit this NAS Claim Form along with the Required Information (i.e. the HIPAA Form AND Evidence demonstrating a diagnosis by a licensed medical provider or a medical, physical, cognitive, or emotional condition resulting from intrauterine exposure, to either opioids or opioid replacement/treatment medication as outlined in the NAS PI TDP) by the Claims Deadline.

If the NAS PI Claim is filed on behalf of an individual who is a minor, then a Proxy Form and supporting documentation, if required, authorizing the person to act on behalf of the Minor must be submitted as well.

³ The NAS PI TDP that is currently on the PI Trust Website is substantially complete but will likely have changes. An updated NAS PI TDP will be filed with the Bankruptcy Court as part of the Plan Supplement and will be considered by the Bankruptcy Court for approval at the hearing to consider confirmation of the Debtors' Plan of Reorganization, on a date to be scheduled.

This NAS Claim Form along with the Required Information can be completed and submitted online at <https://www.purduepitrust.com> or by sending such completed Claim Form and Required Information by:

- (i) e-mail to purduepitrust@purduepitrust.com,**
- (ii) mail to Purdue PI Trust, P.O. Box 361930, Hoover, Alabama, 35236-1930, or**
- (iii) fax to 205-716-2364.**

Law firms representing more than one NAS PI Claimant, should visit the Law Firm Bulk Submittal tab on the <https://www.purduepitrust.com> website for additional information regarding submittal of claims for multiple, represented NAS PI Claimants.

**PLEASE PRINT ALL INFORMATION CLEARLY AS
THE INFORMATION PROVIDED WILL BE USED TO BOTH EVALUATE
YOUR CLAIM AND CONTACT YOU.**

**PART ONE: PERSONAL INFORMATION OF NAS PI CLAIMANT
AND HIS/HER REPRESENTATIVE**

Section 1.A – Fill out the information of the NAS Child below:

NAS Child's Name:

First Middle Last

NAS Child's Date of Birth:

____/____/____
DD MM YYYY

NAS Child's Date of Death:
(if applicable)

____/____/____
DD MM YYYY

NAS Child's Current
Address:

Street Address

City State Zip

NAS Child's Full Social
Security Number:
(or Taxpayer ID or Social
Insurance Number)

Kroll/Prime Clerk Proof of
Claim Number(s) in Purdue's
Chapter 11 Cases:

Section 1.B – Fill out your information below:

Your Name:

First Middle Last

Your Date of Birth:

____/____/____
DD MM YYYY

Your Address:

Street Address

City State Zip

Section 1.B – Fill out your information below: (continued)

Your Social Security Number: (or Taxpayer ID or Social Insurance Number) _____

Relationship to NAS Child: _____
(Natural/Birth Parent, Adoptive Parent, Legal Guardian, or Other Custodian)

Name of Your Representative: (if applicable) _____
First Middle Last

Legal Authority for Representative: (if applicable) _____
(e.g., Power of Attorney, Legal Guardian, Conservator, etc.)

Address of Representative: _____
Street Address

City State Zip

PART TWO: MEDICAL PROVIDER INFORMATION

Section 2.A: This section concerns licensed medical providers who have diagnosed the NAS Child with any medical, physical, cognitive or emotional condition resulting from his/her intrauterine exposure to opioids or opioid replacement or treatment medication(s). The diagnoses may include, but are not limited to, the condition known as neonatal abstinence syndrome (“NAS”). Fill out and provide the following information, if known:

| Name of Licensed Medical Provider | Address | City | State | Zip | Date of Diagnosis |
|-----------------------------------|---------|------|-------|-----|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PART TWO: MEDICAL PROVIDER INFORMATION (CONTINUED)

Section 2.B: Even if you do not know the information sought in Section 2.A, please include with your submission of this NAS Claim Form Competent Evidence that a licensed medical provider has diagnosed the NAS PI Claimant with any medical, physical, cognitive or emotional condition resulting from the NAS Child's intrauterine exposure to opioids or opioid replacement or treatment medication(s). The diagnoses may include, but are not limited to, the condition known as NAS. The diagnosis can be made by any licensed medical professional, specifically including physicians, nurses, physician assistants, mental health counselors or therapists, or professionals at a rehabilitation center. Evidence can include, among other things, medical records evidencing that the NAS Child had a NAS diagnosis, including post-natal treatment for symptoms caused by opioid exposure, symptoms of post-natal withdrawal from opioids, medical scoring for NAS or NOWS which is positive or indicates fetal opioid exposure, a positive toxicology screen of the birth mother or infant for opioids or opioid-weaning drugs, or medical evidence of maternal opioid use.

Section 2.C: Was the NAS Child born in a medical facility? If so:

Name of the Facility where the NAS Child was born: _____

Location (city and state) where NAS Child was born: _____

PART THREE: MEDICAL LIENS

Section 3.A: Did any insurance company pay for medical treatment for the NAS Child's opioid-related injuries? Yes: _____ No: _____

Section 3.B: In the last 20 years, was the NAS Child eligible for coverage by any of the following providers?

Please answer the question above by writing "Yes" or "No" next to each insurance provider name and provide the requested information as to each. If any insurance carrier who provided coverage to the NAS Child is not listed below, please fill in that provider's name and information at the bottom of the chart. You may submit the information on additional paper, if needed, in order to provide all of the information requested.

| Insurance Provider | Yes or No | Address, Phone & Policy Number | Policy Holder and Dates of Coverage |
|--------------------|-----------|---|---|
| Medicare | | Address: _____ _____ _____ Phone #: _____ Policy #: _____ | Policy Holder Name: _____ _____ Dates of Coverage: _____ _____ |

PART THREE: MEDICAL LIENS (CONTINUED)

| | | | |
|--|--|---|---|
| Medicaid | | Address: _____ _____ _____ Phone #: _____ Policy #: _____ | Policy Holder Name: _____ _____ Dates of Coverage: _____ _____ |
| Tricare | | Address: _____ _____ _____ Phone #: _____ Policy #: _____ | Policy Holder Name: _____ _____ Dates of Coverage: _____ _____ |
| VA | | Address: _____ _____ _____ Phone #: _____ Policy #: _____ | Policy Holder Name: _____ _____ Dates of Coverage: _____ _____ |
| Champus | | Address: _____ _____ _____ Phone #: _____ Policy #: _____ | Policy Holder Name: _____ _____ Dates of Coverage: _____ _____ |
| Private (1) List insurance provider name below: _____ _____ | | Address: _____ _____ _____ Phone #: _____ Policy #: _____ | Policy Holder Name: _____ _____ Dates of Coverage: _____ _____ |

PART THREE: MEDICAL LIENS (CONTINUED)

| | | |
|--|--------------------------------|----------------------------------|
| Private (2) List insurance provider name below: _____ _____ | Address: _____ _____ | Policy Holder Name: _____ |
| | Phone #: _____ | Dates of Coverage: _____ |
| | Policy #: _____ | |
| | | |

PART FOUR: SIGNATURE

This NAS Claim Form must be signed by the Holder of the NAS Claim or its Representative or Counsel of Record.

NAS Child's Name: _____

NAS Child's E-mail (if any): _____

NAS Child's Phone Number (if any): _____

Name of the person signing this Form: _____

E-mail address of the person signing this Form: _____

Phone Number of the person signing this Form: _____

IF SIGNING AS THE NAS PI CLAIMANT OR INDIVIDUAL ACTING ON BEHALF OF THE NAS PI CLAIMANT:

I declare under penalty of perjury that the representations made and the information provided on this NAS Claim Form are true, correct and complete to the best of my knowledge.

*Signature of Holder of NAS PI Claim
(or signature of Representative Completing this Form on Behalf of such Holder)*

IF SIGNING AS COUNSEL OF RECORD:

I, _____, Counsel for the Holder of the NAS PI Claim or his/her Personal Representative, hereby swear under penalty of perjury that the information contained herein is true and accurate to the best of my knowledge made after conducting due diligence, and that this NAS Claim Form is being filed with the consent of my client, or the authority to file on my client's behalf under applicable law and/or with appropriate power of attorney.

*Signature of Counsel of Record to Holder of NAS PI Claim
or Its Representative*

PART FOUR: SIGNATURE

CONFIRMATION OF SUBMISSION OF REQUIRED PROOF (Please check one):

I am including the required evidence that demonstrates that a licensed medical provider has diagnosed the NAS PI Claimant with any medical, physical, cognitive or emotional condition resulting from the NAS Child's intrauterine exposure to opioids or opioid replacement or treatment medication(s), as required under PART TWO above in my submission of this Claim: **Yes:** _____ **No:** _____

Did you previously file a NAS PI Claim with the Mallinckrodt plc (Case No. 20-12522) (Bankr. Del.) bankruptcy NAS Personal Injury Trust (the "MNK NAS PI Trust") or the Endo International plc (Case No. 22-22549) (Bankr. SDNY) bankruptcy NAS Personal Injury Trust (the "Endo NAS PI Trust"), or you previously provided evidence that demonstrates that a licensed medical provider has diagnosed the NAS PI Claimant with any medical, physical, cognitive or emotional condition resulting from the NAS Child's intrauterine exposure to opioids or opioid replacement treatment medication(s) with a Proof of Claim that was filed in the Debtors' Chapter 11 Cases?

Yes: _____ **No:** _____

If you answered yes above to filing a NAS PI Claim in the MNK NAS PI Trust or the Endo NAS PI Trust, please indicate which one you filed with:

MNK NAS PI Trust **Yes:** _____ **No:** _____

Endo NAS PI Trust **Yes:** _____ **No:** _____

REMINDER: Unless as stated above, evidence demonstrating that a licensed medical provider has diagnosed the NAS PI Claimant with any medical, physical, cognitive or emotional condition resulting from the NAS Child's intrauterine exposure to opioids or opioid replacement or treatment medication(s), as outlined in the NAS PI TDP MUST BE SUBMITTED WITH THIS NAS CLAIM FORM by the Claims Deadline. Failure to do so will result in the NAS PI Claim being deficient as outlined in the NAS PI TDP and may be the subject of an objection, disallowance or denial.

PURDUE PROXY FORM NAS MINOR CLAIMANTS

PART ONE: PERSONAL INFORMATION OF NAS CHILD AND THEIR PROXY

NAS Child Information (Fill out the information for the NAS Child)

NAS Child's Name: _____
First Middle Last

NAS Child's Date of Birth: ____/____/____
DD MM YYYY

NAS Child's Current Address: _____
Street Address

City State Zip

NAS Child's Full Social Security Number: _____
(or Taxpayer ID or Social Insurance Number)

Proxy Information (Fill out this information as the Purported Proxy of the NAS Child, if applicable)

Proxy's Name: _____
First Middle Last

Proxy's Relationship to the Minor Claimant: _____
Custodial Parent (Natural/Birth/Adoptive), Legal Guardian, or Other Custodian

Proxy's Date of Birth: ____/____/____
DD MM YYYY

Proxy's Address: _____
Street Address

City State Zip

Proxy's Social Security Number: (or Taxpayer ID or Social Insurance Number) _____

Proxy's Phone Number: _____

PART TWO: PROXY TYPE (you must supply the following evidence to the Trust)

ONLY SELECT ONE: Please **check** the one section that applies to you, **fill out** the information included and **provide** the required information and evidence, if applicable

I Am A Custodial Parent

Please **fill out** this section if you are the **custodial parent** of a NAS Child.

I, _____, am the Custodial Parent (biological mother/father with whom the child currently lives) of the NAS Child, _____.

I declare, under penalty of perjury, that the representations made and the information provided on this Proxy form are true, correct, and complete to the best of my knowledge.

Signature of the Purported Proxy acting on behalf of the NAS Child:

Print Name: _____ Date: _____

I Am A Court Appointed Legal Guardian

Please **fill out** this section and **provide the applicable order** if you are the **legal guardian** of a Minor Claimant.

I, _____, have been appointed by the court as the guardian of the NAS Child, _____, and am providing the order appointing me as the legal guardian of the NAS Child.

I declare, under penalty of perjury, that the representations made and the information provided on this Proxy form are true, correct, and complete to the best of my knowledge.

Signature of the Purported Proxy acting on behalf of the NAS Child:

Print Name: _____ Date: _____



I am providing custody and care for the NAS Child, but I am neither the Custodial Parent nor the Court Appointed Legal Guardian.

Please fill out this section and provide the applicable statements and/or records if you are providing custody and care for the NAS Child but are neither the custodial parent nor the court appointed legal guardian of the NAS Child.

I, _____, am providing custody and care to the NAS Child, _____.

I have been providing custody and care to the NAS Child since _____ (date).

My relationship with the NAS Child is:

The circumstances around the provisions and care of the NAS Child are:

I am providing the statements and/or records marked below as a form of evidence to the Trust to support my statement under penalty of perjury: **(select one)**

_____ Records/statements from the NAS Child's school or childcare provider

_____ Records/statements from my landlord or property manager

_____ Records/statements from the placement agency which put the NAS Child in my care

_____ Records/statements from a governmental social services agency

_____ Records/statements from Indian tribe officials

_____ Records/statements from my employer

_____ Records/statements from NAS Child's medical/healthcare provider

I declare, under penalty of perjury, that the representations made and the information provided on this Proxy form are true, correct, and complete to the best of my knowledge.

Signature of the Purported Proxy acting on behalf of the NAS Child:

Print Name: _____ Date: _____

HIPAA RELEASE FORM FOR
PURDUE PI TRUST DISTRIBUTION PROCEDURES

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Injured Party Name: _____ Date: _____

Injured Party Date of Birth: _____ Soc Sec #: _____

1. The following individuals or organizations are authorized to disclose my health records to the parties specified below in section #4:

(Note: Please list the names of your medical care providers and your health insurance providers that may have records relevant to the resolution of your NAS PI Claim. If you are unsure of the exact legal name of your medical providers and health insurance providers, you can leave this blank, and we will complete it for you with the understanding that you authorize all relevant parties):

2. The type and amount of information to be used or disclosed is as follows:

The entire record, including but not limited to: any and all medical records, mental health records, psychological records, psychiatric records, problem lists, medication lists, lists of allergies, immunization records, history and physicals, discharge summaries, laboratory results, x-ray and imaging reports, medical images of any kind, video tapes, photographs, consultation reports, correspondence, itemized invoices and billing information, and information pertaining to Medicaid or Medicare eligibility and all payments made by those agencies, for the following dates:

Dates of Services - From: _____ To: _____

(Note: List the date range for which the medical providers and insurance companies above may have records relevant to the resolution of your PI Claim. If you are unsure of the exact dates, then leave this blank, and we will complete this section for you with the understanding that you authorize all relevant date ranges).

3. I understand that the information in my health records may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, as well as treatment for alcohol and drug abuse.
4. The health information may be disclosed to and used by the following individual and/or organization:
 - a. Purdue Personal Injury Trust
 - b. Edgar C. Gentle, III., of Gentle, Turner & Benson, LLC, as the Trustee and Claims Administrator of the Purdue Personal Injury Trust
 - c. Med Lien Solutions
5. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire 10 years after the date that I sign it.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization and forego a recovery under the Purdue Pharma L.P. PI Trust Distribution Procedures for Non-NAS or NAS PI Channeled Claims. I understand that no organization may condition treatment, payment, enrollment, or eligibility for benefits on my signing of this authorization. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 1634.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules or HIPAA. If I have questions about disclosure of my health information, I can contact the parties listed above in section #4.

Patient or Legal Representative

Date

Relationship to Patient (If signed by Legal Representative)

EXHIBIT B
HIPAA FORM FOR
PURDUE PI TRUST DISTRIBUTION PROCEDURES
FOR NAS PI CHanneled CLAIMS

HIPAA RELEASE FORM FOR
PURDUE PI TRUST DISTRIBUTION PROCEDURES

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Claimant Name: _____ **Date:** _____

Date of Birth: _____ **Soc. Sec. No.** _____

1. The following individuals or organizations are authorized to disclose my health records to the parties specified below in section #4:

(Note: Please list the names of your medical care providers and your health insurance providers that may have records relevant to the resolution of your NAS PI Claim. If you are unsure of the exact legal name of your medical providers and health insurance providers, you can leave this blank, and we will complete it for you with the understanding that you authorize all relevant parties):

2. The type and amount of information to be used or disclosed is as follows:

The entire record, including but not limited to: any and all medical records, mental health records, psychological records, psychiatric records, problem lists, medication lists, lists of allergies, immunization records, history and physicals, discharge summaries, laboratory results, x-ray and imaging reports, medical images of any kind, video tapes, photographs, consultation reports, correspondence, itemized invoices and billing information, and information pertaining to Medicaid or Medicare eligibility and all payments made by those agencies, for the following dates:

Dates of Services - From: _____ To: _____

(Note: List the date range for which the medical providers and insurance companies above may have records relevant to the resolution of your PI Claim. If you are unsure of the exact dates, then leave this blank, and we will complete this section for you with the understanding that you authorize all relevant date ranges).

3. I understand that the information in my health records may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, as well as treatment for alcohol and drug abuse.
4. The health information may be disclosed to and used by the following individual and/or organization:
 - a. Purdue Personal Injury Trust
 - b. Edgar C. Gentle, III., of Gentle, Turner & Benson, LLC, as the Trustee and Claims Administrator of the Purdue Personal Injury Trust
 - c. Med Lien Solutions
5. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire 10 years after the date that I sign it.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization and forego a recovery under the Purdue Pharma L.P. PI Trust Distribution Procedures for Non-NAS PI Channeled Claims. I understand that no organization may condition treatment, payment, enrollment, or eligibility for benefits on my signing of this authorization. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 1634.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules or HIPAA. If I have questions about disclosure of my health information, I can contact the parties listed above in section #4.

Patient or Legal Representative

Date

Relationship to Patient (If signed by Legal Representative)

EXHIBIT C

HEIRSHIP DECLARATION FOR
PURDUE PI TRUST DISTRIBUTION PROCEDURES
FOR NAS PI CHanneled CLAIMS

HEIRSHIP DECLARATION FOR PURDUE PI TRUST DISTRIBUTION PROCEDURES

SWORN DECLARATION AND RELEASE

Any holder of a Non-NAS Personal Injury or NAS Personal Injury (a “**PI Claimant**”) regarding the opioid-related death of another person (the “**Decedent**”), or because of the death of the Decedent before the PI Claim is paid, is required to complete this declaration if the PI Claimant has not been named as the executor/administrator of the Decedent’s estate by a probate court. Moreover, the PI Claimant must also provide notice to any other beneficiary who may be entitled to receive a portion of the distribution of this case to ensure that all potential beneficiaries have received fair and proper notice of this distribution.

I. Decedent Information

| | | | |
|---|------------|----------------|-----------|
| Name: | First Name | Middle Initial | Last Name |
| Social Security Number: | | Date of Death: | |
| Residence/Legal Domicile Address at Time of Death | Street | | |
| | City | State | Zip Code |

II. PI Claimant Information (or Representative if Claimant is a Minor or Incapacitated)

| | | | |
|-------------------------------|------------|----------------|-----------|
| Your Name | First Name | Middle Initial | Last Name |
| Your Social Security Number | | | |
| Your Address | Street | | |
| | City | State | Zip Code |
| Your Relationship to Decedent | | | |

III. Authority to Receive a Distribution

I, _____, a PI Claimant, have authority to act on behalf of Decedent for one of the following reasons (please select **one** and provide the applicable documentation):

| | |
|--------------------------|--|
| <input type="checkbox"/> | <p>Decedent Executed a Valid Will Naming PI Claimant as the Executor/Administrator, but the Decedent’s Estate has been closed OR Decedent Executed a Valid Testamentary Trust Naming PI Claimant as the Trustee, but the Trust has been closed.</p> |
|--------------------------|--|

| | |
|--|---|
| <p>List here and attach copies of all document(s) evidencing a valid Last Will and Testament executed by Decedent naming PI Claimant as the Executor/Administrator OR a valid Testamentary Trust executed by Decedent naming PI Claimant as Trustee:</p> | <ol style="list-style-type: none"> 1. Last Will and Testament of _____ or Testamentary Trust executed by _____, dated _____. 2. Estate document(s) appointing Executor/Administrator or Trust document(s) appointing Trustee. 3. _____ |
|--|---|

III. Authority to Receive a Distribution (continued)

Valid Will Naming PI Claimant was Executed by Decedent, but Not Probated Upon Death OR Testamentary Trust Naming PI Claimant was Executed by Decedent, but Not Established Upon Death.

List here and attach copies of all document(s) evidencing a valid Last Will and Testament executed by Decedent but was not probated upon death OR a valid Testamentary Trust executed by Decedent but not established upon death:

1. Last Will and Testament of _____ or Testamentary Trust executed by _____, dated _____.
2. _____
3. _____

Decedent Did Not Have an Executed Will or Testamentary Trust.

List here the intestate statute(s) of the Residence or Legal Domicile of the Decedent at Time of Death and attach a copy of the full language of the statute(s):

1. A copy of the intestate statute(s) of the state or domicile of the Deceased Claimant at the time of his or her death.
2. _____
3. _____

IV. Notice to Heirs and Beneficiaries of Decedent (Attach additional sheets if needed)

Use the space below to identify the name and address of all persons who may have a legal right to share in any settlement payment on behalf of the claim of the Decedent. Also state if and how you notified these persons of the settlement, or the reason they cannot be notified. PI Claimant also should be listed if he/she is a legal heir.

| | | |
|----|--------------------------|---|
| 1. | Legal Name | |
| | Address | |
| | Relationship to Decedent | |
| | Notified of Settlement? | ___ Yes. How notified: _____ ___ No. Why not notified: _____ |
| 2. | Legal Name | |
| | Address | |
| | Relationship to Decedent | |
| | Notified of Settlement? | ___ Yes. How notified: _____ ___ No. Why not notified: _____ |

IV. Notice to Heirs and Beneficiaries of Decedent (Continued)

| | | |
|----|--------------------------|---|
| 3. | Legal Name | |
| | Address | |
| | Relationship to Decedent | |
| | Notified of Settlement? | <input type="checkbox"/> Yes. How notified: _____ <input type="checkbox"/> No. Why not notified: _____ |
| 4. | Legal Name | |
| | Address | |
| | Relationship to Decedent | |
| | Notified of Settlement? | <input type="checkbox"/> Yes. How notified: _____ <input type="checkbox"/> No. Why not notified: _____ |
| 5. | Legal Name | |
| | Address | |
| | Relationship to Decedent | |
| | Notified of Settlement? | <input type="checkbox"/> Yes. How notified: _____ <input type="checkbox"/> No. Why not notified: _____ |
| 6. | Legal Name | |
| | Address | |
| | Relationship to Decedent | |
| | Notified of Settlement? | <input type="checkbox"/> Yes. How notified: _____ <input type="checkbox"/> No. Why not notified: _____ |
| 7. | Legal Name | |
| | Address | |
| | Relationship to Decedent | |
| | Notified of Settlement? | <input type="checkbox"/> Yes. How notified: _____ <input type="checkbox"/> No. Why not notified: _____ |

V. PI Claimant Certification – Sworn Declaration

This Sworn Declaration is an official document for submission to the PI Trust. By signing this Sworn Declaration, I certify and declare under penalty of perjury pursuant to 28 U.S.C. §1746 that:

- A. I am seeking authority to act on behalf of the Decedent and his or her estate, heirs, and beneficiaries in connection with the Non-NAS PI TDP or NAS PI TDP, including with respect to the submission of forms and supporting evidence and the receipt of payment for any such awards.
- B. I will abide by all substantive laws of the Decedent's last state of domicile concerning the compromise and distribution of any monetary award to the appropriate heirs or other beneficiaries and any other parties with any right to receive any portion of any payments.
- C. If the Decedent executed a valid Will naming the PI Claimant as the Executor/Administrator, but the Estate has been closed, or the Decedent executed a valid Testamentary Trust naming the PI Claimant as the Trustee, but the Trust has been closed:
 - a. No one else has been appointed the personal representative, executor, administrator, or other position with the authority to act on behalf of the Decedent and his or her estate.
 - b. No one else has been appointed the trustee or other position with the authority to act on behalf of the Decedent and his or her estate.
 - c. The copy of the Last Will and Testament provided by me is the Last Will and Testament of the Decedent, or the copy of the Testamentary Trust provided by me is the currently valid Testamentary Trust of the Decedent.
 - d. I will notify the PI Trust immediately if my authority to act is curtailed, surrendered, withdrawn, or terminated.
- D. If the Decedent executed a valid Will naming PI Claimant as the Executor/Administrator, but the Will was not probated, or the Decedent executed a valid Testamentary Trust naming the PI Claimant as the Trustee, but the Trust was not established:
 - a. No one else has been appointed the personal representative, executor, administrator, or other position with the authority to act on behalf of the Decedent and his or her estate.
 - b. No one else has been appointed the trustee or other position with the authority to act on behalf of the Decedent and his or her estate.
 - c. The copy of the Last Will and Testament provided by me is the Last Will and Testament of the Decedent, or the copy of the Testamentary Trust provided by me is the currently valid Testamentary Trust of the Decedent.
 - d. I will notify the PI Trust immediately if my authority to act is curtailed, surrendered, withdrawn, or terminated.
- E. If the Decedent did not execute a valid testamentary document:
 - a. No one else has been appointed the personal representative, executor, administrator, or other position with the authority to act on behalf of the Decedent and his or her estate.
 - b. There is no known Last Will and Testament of the Decedent, and no application or proceeding has been filed in state or other court to administer the estate of the Decedent or to appoint an executor or administrator.
 - c. No one else has been appointed the trustee or other position with the authority to act on behalf of the Decedent and his or her estate.
 - d. There is no known Testamentary Trust of the Decedent, and no application or proceeding has been initiated to appoint a trustee.
 - e. I will notify the PI Trust immediately if my authority to act is curtailed, surrendered, withdrawn, or terminated.

V. PI Claimant Certification – Sworn Declaration (Continued)

- F. No application or proceeding has been filed in state or other court to administer the estate of the Decedent or to appoint an executor or administrator of the Decedent’s estate.
- G. I am not aware of any objections to my appointment and service as the PI Claimant on behalf of the Decedent and his or her estate, heirs, and beneficiaries.
- H. No person notified under Section IV objects to my serving as the PI Claimant and taking such steps as required by the Non-NAS PI TDP or NAS PI TDP to resolve all claims related to the Decedent’s prescription and/or use of Endo opioids. The persons named in Section IV are all of the persons who may have a legal right to share in any settlement payment issued in respect of the injuries of the Decedent.
- I. I will comply with any and all provisions of the state law regarding the compromise and distribution of the proceeds of the settlement of a survival or wrongful death claim to the appropriate heirs or other beneficiaries and any other parties with any right to receive any portion of any payments.
- J. In accordance with item I. above, I understand that I am responsible for locating and paying all heirs their proportionate share of the distribution based on the applicable Will, Trust or Intestate Statute.
- K. I will indemnify, defend and hold harmless the PI Trust, its agents and representatives, and any law firm(s) representing me from any and all claims, demands, or expenses of any kind arising out of distributions from the PI Trust.
- L. I understand that, by signing this Sworn Declaration, the sole remedy for any beneficiary that contests the allocation of the distribution from the Chapter 11 Cases pursuant to the NAS PI TDP and/or the Non-NAS PI TDP is to pursue me directly.

The information I have provided in this Declaration is true and correct. I understand that the PI Trust, the Court and any law firm(s) representing me will rely on this Declaration, and false statements or claims made in connection with this Declaration may result in fines, imprisonment, and/or any other remedy available by law.

I, the undersigned, declare the above as true and correct under penalty of perjury:

Signature:

Date:

EXHIBIT D

DISTRIBUTIONS TO OR FOR THE BENEFIT OF MINOR CLAIMANTS FOR PURDUE PI TRUST DISTRIBUTION PROCEDURES FOR NAS PI CHANNELED CLAIMS ¹

The following procedures apply to any Holder of a NAS PI Channeled Claim who is a minor under applicable law (a “Minor Claimant”) for so long as the Holder of a NAS PI Channeled Claim remains a minor under applicable law.

- 1. Actions by Proxy of Minor Claimant.** A Minor Claimant’s custodial parent, his/her legal guardian under applicable law (a “Guardian”), or an adult providing custody and care to the minor (any of the foregoing acting on behalf of the Minor Claimant, the “Proxy”) is authorized to make submissions on behalf of the Minor Claimant under the NAS PI TDP, subject to Section 2 below. The Proxy shall be responsible for submitting, on behalf of such Minor Claimant, all required forms under the NAS PI TDP, including the Claim Form, as well as any evidence required by the PI Trust to support the Claim Form, and any other documentation required or requested pursuant to the NAS PI TDP. The Proxy is authorized to take, on behalf of a Minor Claimant, all actions under the NAS PI TDP that the Minor Claimant would be authorized to take if such Minor Claimant were an adult, other than receiving distributions from the PI Trust (unless so authorized by Section 5 below).
- 2. Establishing Proxy of a Minor Claimant.** Any purported Proxy making a submission to the PI Trust on behalf of a Minor claimant shall include along with such submission documentation of his/her authority to act on behalf of the Minor Claimant, consisting of the following:

 - a. If the purported Proxy is the Guardian of the Minor Claimant, then the court order appointing that Proxy as Guardian, or other documents reasonably

¹ Capitalized terms used but not defined herein shall have the meanings ascribed to them in the NAS PI TDP.

acceptable to the Claims Administrator as sufficient under applicable law to evidence the guardianship.

- b. If the purported Proxy is the custodial parent of the Minor Claimant, then a sworn statement that such Proxy is the custodial parent of the Minor Claimant.
- c. If the purported Proxy is neither the Guardian nor custodial parent of the Minor Claimant, then a sworn statement by the purported Proxy that he/she is providing custody and care to the Minor Claimant, stating for how long he/she has been providing such care and custody, explaining his/her relationship to the Minor Claimant and the circumstances around the provision of care and custody, as well as a statement and/or records from one or more of the following in support of his/her sworn statement:
 - 1. Minor Claimant's school
 - 2. Purported Proxy's landlord or property manager
 - 3. Minor Claimant's health provider
 - 4. Minor Claimant's child care provider
 - 5. Purported Proxy's placement agency
 - 6. Governmental social services agency
 - 7. Indian tribe officials
 - 8. Purported Proxy's employer

Whether the purported Proxy is a Guardian, custodial parent, or neither, the Claims Administrator may require additional corroborating evidence at his discretion, including in the event that instructions are received from more than one purported Proxy for the same Minor Claimant.

Attached to this Exhibit D is a Proxy Form that can be completed and submitted, along with the required documentation, to satisfy the above requirements.

3. **[Distributions to Minor Claimants.** When the PI Trust has determined the final distributable amount on a Minor Claimant's claim, it will send notice of such final amount to the Minor Claimant's Proxy and counsel (if known). Such notice will include a letter inviting the Proxy to discuss how the distributable amount was determined, and the Claims Administrator will take reasonable steps to ensure that the Proxy understands how such amount was determined. Any distributions owing to a Minor Claimant that are ready for issue by the PI Trust at a time when the Minor Claimant is still a minor under applicable law shall be (i) used to pay the individual attorneys' fees of the Minor Claimant pursuant to Section 4 below and (ii) with respect to the remainder, paid into an interest-bearing sub-fund of the Trust (the "Minor Claimants Account"), held there for the sole benefit of the Minor Claimant, and invested in a U.S. governmental money-market fund until such funds are distributed pursuant to Section 5 below or until the Minor Claimant becomes an adult under applicable law (the "Adult Distribution Date"), at which time the amount then held in such account (including interest earned) shall be paid directly to such NAS PI Claimant. Pending distributions for all Minor Claimants may be held in the same sub-fund.]

4. **Payments of attorneys' fees.**

Within a reasonable period following receipt of notice of the final distributable amount on a Minor Claimant's PI Channeled Claim, and using forms to be provided by the Claims Administrator, the Minor Claimant's counsel shall submit to the PI Trust, with a copy to the Proxy, a request for payment of legal fees and expenses from the Minor's recovery. It is the Minor Claimant's attorney's duty to comply with all ethical and legal rules respecting such legal fees and expenses, and the Claims Administrator is permitted to rely upon such representation in issuing payments in respect of such fees and expenses. Absent objection from the Proxy with respect to such asserted fees and expenses, the Claims Administrator shall remit payment to the Minor Claimant's attorney in accordance with the latter's request.

5. **Early Distributions.** Funds held in the Minor Claimants Account for a Minor Claimant may be released prior to the Adult Distribution Date only pursuant to (a) an order of a U.S. court of general jurisdiction in the Minor Claimant's state of residence, (b) an order entered by the United States Bankruptcy Court for the Southern District of New York, or (c) as allowed in the Plan or the PI Trust Agreement as approved by the United States Bankruptcy Court for the Southern District of New York.

PURDUE PROXY FORM NAS MINOR CLAIMANTS

PART ONE: PERSONAL INFORMATION OF NAS CHILD AND THEIR PROXY

NAS Child Information (Fill out the information for the NAS Child)

NAS Child's Name: _____
First Middle Last

NAS Child's Date of Birth: _____
DD MM YYYY

NAS Child's Current Address: _____
Street Address

City State Zip

NAS Child's Full Social Security Number: _____
(or Taxpayer ID or Social Insurance Number)

Proxy Information (Fill out this information as the Purported Proxy of the NAS Child, if applicable)

Proxy's Name: _____
First Middle Last

Proxy's Relationship to the Minor Claimant: _____
Custodial Parent (Natural/Birth/Adoptive), Legal Guardian, or Other Custodian

Proxy's Date of Birth: _____
DD MM YYYY

Proxy's Address: _____
Street Address

City State Zip

Proxy's Social Security Number: (or Taxpayer ID or Social Insurance Number) _____

Proxy's Phone Number: _____

PART TWO: PROXY TYPE (you must supply the following evidence to the Trust)

ONLY SELECT ONE: Please **check** the one section that applies to you, **fill out** the information included and **provide** the **required** information and evidence, if applicable

I Am A Custodial Parent

Please **fill out** this section if you are the **custodial parent** of a NAS Child.

I, _____, am the Custodial Parent (biological mother/father with whom the child currently lives) of the NAS Child, _____.

I declare, under penalty of perjury, that the representations made and the information provided on this Proxy form are true, correct, and complete to the best of my knowledge.

Signature of the Purported Proxy acting on behalf of the NAS Child:

Print Name: _____ Date: _____

I Am A Court Appointed Legal Guardian

Please **fill out** this section and **provide the applicable order** if you are the **legal guardian** of a Minor Claimant.

I, _____, have been appointed by the court as the guardian of the NAS Child, _____, and am providing the order appointing me as the legal guardian of the NAS Child.

I declare, under penalty of perjury, that the representations made and the information provided on this Proxy form are true, correct, and complete to the best of my knowledge.

Signature of the Purported Proxy acting on behalf of the NAS Child:

Print Name: _____ Date: _____



I am providing custody and care for the NAS Child, but I am neither the Custodial Parent nor the Court Appointed Legal Guardian.

Please fill out this section and provide the applicable statements and/or records if you are providing custody and care for the NAS Child but are neither the custodial parent nor the court appointed legal guardian of the NAS Child.

I, _____, am providing custody and care to the NAS Child, _____.

I have been providing custody and care to the NAS Child since _____ (date).

My relationship with the NAS Child is:

The circumstances around the provisions and care of the NAS Child are:

I am providing the statements and/or records marked below as a form of evidence to the Trust to support my statement under penalty of perjury: **(select one)**

- _____ Records/statements from the NAS Child’s school or childcare provider
- _____ Records/statements from my landlord or property manager
- _____ Records/statements from the placement agency which put the NAS Child in my care
- _____ Records/statements from a governmental social services agency
- _____ Records/statements from Indian tribe officials
- _____ Records/statements from my employer
- _____ Records/statements from NAS Child’s medical/healthcare provider

I declare, under penalty of perjury, that the representations made and the information provided on this Proxy form are true, correct, and complete to the best of my knowledge.

Signature of the Purported Proxy acting on behalf of the NAS Child:

Print Name: _____ Date: _____