

PURDUE PI TRUST DISTRIBUTION PROCEDURES
FOR NON-NAS PI CHANNELED CLAIMS

§ 1. APPLICABILITY AND SUBMISSION INSTRUCTIONS.

These trust distribution procedures (the “**Non-NAS PI TDP**”)¹ set forth the manner in which Non-NAS PI Channeled Claims become eligible for payments from, and shall be discharged by, the PI Trust.²

Pursuant to the Plan and the Master TDP, Non-NAS PI Channeled Claims, including all “**Non-NAS PI Fully Channeled Claims**” and “**Non-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. As used herein, “**Non-NAS PI Fully Channeled Claims**” shall mean all Non-NAS PI Channeled Claims whose respective Holders 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,³ which include (i) such Non-NAS PI Channeled Claims against any Debtor for alleged opioid-related personal injury or other similar opioid-related Causes of Action against any Debtor, and (ii) all Released Claims or Shareholder Released Claims held by Holders of such Non-NAS PI Channeled Claims that are for alleged opioid-related personal injury or other similar opioid-related Causes of Action, in each case, that arose prior to the Petition Date and are not 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, Non-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 are referred to herein as “**Non-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 “**Non-NAS PI Non-Channeled Direct Sub-Claims**”) and (ii) the portion of such Claims against any Debtor for alleged opioid-related personal injury or other similar opioid-related Causes of Action against any Debtor that arose prior to the Petition Date and are not NAS PI Channeled Claims, Third-Party Payor Channeled Claims, or Healthcare Provider Channeled Claims, or held by a Domestic Governmental Entity, which shall be channeled to the PI Trust (and as to which liability shall be assumed by the PI Trust) as of the Effective Date (the “**Non-NAS PI Channeled Estate Sub-Claims**”). Non-NAS PI Fully Channeled Claims and Non-NAS PI Channeled Estate Sub-Claims shall be administered and resolved pursuant to this Non-NAS PI TDP and satisfied solely from the PI Trust Non-NAS Fund or the Class 10(b) Non-Participating Claims Reserves, as applicable. In no event shall the PI Trust be responsible for paying Holders of any Allowed Non-NAS PI Channeled Claims that do not meet all of the requirements of this Non-NAS PI TDP out of the PI Trust Non-NAS Fund.

¹ Capitalized terms used but not defined in this Non-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. 8233].

² This Non-NAS PI TDP shall apply in the same manner to any Sub-Qualified Settlement Fund established in connection with the PI Trust.

³ 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(b) Non-NAS PI Claims are not valid, the Claims Administrator or the PI Trustee (each as defined herein), as applicable, will establish a mechanism for obtaining confirmation from the Holders of those Non-NAS PI Claims that are listed on such Master Ballot that such Holders had in fact elected to grant the Third-Party Releases so that such Holders can continue to be treated in this Non-NAS PI TDP as holding Non-NAS PI Fully Channeled Claims.

Pursuant to the terms of this Non-NAS PI TDP, Non-NAS PI Fully Channeled Claims shall either be Qualified⁴ or Deficient,⁵ as applicable, and, in either case, shall be liquidated to determine the respective gross amount of such Claims (an “**Award**”).

Holders of Qualified Non-NAS PI Fully 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 Non-NAS PI TDP. Deficient Non-NAS PI Fully Channeled Claims that (i) are not Substantiated⁶ under this Non-NAS PI TDP (and for which the Deficiency is not cured in accordance with this Non-NAS PI TDP) or (ii) are Disallowed by the Bankruptcy Court shall not receive an Award pursuant to Sections 6(a)-(c) herein.

Pursuant to the terms of this Non-NAS PI TDP, all Non-NAS PI Partially Channeled Claims shall be referred to as “**Non-Participating**”⁷ and shall be liquidated to determine what the respective Award would have been had such Claim been a Non-NAS PI Fully Channeled Claim. Holders of Non-NAS PI Partially Channeled Claims that are Disallowed by a Final Order shall receive no Award on account of such Claims either from the Debtors or the PI Trust. With respect to Non-Participating Non-NAS PI Partially Channeled Claims that would otherwise be Substantiated, (i) each Individual Direct Claim Holdback Amount⁸ 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 Amount⁹ portion shall be deposited into the Class 10(b) Non-Participating Claims Reserves subject to the PI Trust Deductions and Holdbacks described below. Upon Allowance of any Non-Participating Non-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 NON-NAS PI CHanneled CLAIM WHO DOES NOT CONSENT TO VOLUNTARILY RELEASE THE SHAREHOLDER RELEASED PARTIES SHALL NOT RECEIVE ITS INDIVIDUAL DIRECT CLAIM HOLDBACK AMOUNT (I.E., 22.1% OF WHAT SUCH HOLDER’S AWARD WOULD HAVE BEEN ON THE EFFECTIVE DATE IF ITS NON-

⁴ “**Qualified**” with respect to a Non-NAS PI Channeled Claim refers to a Claim that is Substantiated and entitled to receive an Award under this Non-NAS PI TDP.

⁵ “**Deficient**” or “**Deficiency**” with respect to a Non-NAS PI Channeled Claim refers to a Non-NAS PI Channeled Claim (i) that does not satisfy the requirements of §§ 3-6 of this Non-NAS PI TDP, or (ii) for which a Deficiency was not timely cured under § 7 of this Non-NAS PI TDP.

⁶ “**Substantiated**” refers to any Non-NAS PI Channeled Claim that satisfies all of the requirements of this Non-NAS PI TDP.

⁷ “**Non-Participating**” with respect to a Non-NAS PI Partially Channeled Claim refers to a Non-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.

⁸ “**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 Non-NAS PI Partially Channeled Claim in an amount equal to 22.1% of what such Holder’s Award would be pursuant to this Non-NAS PI TDP as of the Effective Date (excluding the \$50 million distribution due to the PI Trust pursuant to Section 5.2(e) of the Plan and the PI Trust’s reversionary interest in the Special Operating Reserve) if such Claim becomes Allowed. For the avoidance of doubt, the overall Individual Direct Claim Holdback Amount for Non-NAS PI Partially Channeled Claims will ultimately equal 20.4% of what such Holder’s Award will be upon the PI Trust’s receiving (a) the \$50 million distribution due to the PI Trust pursuant to Section 5.2(e) of the Plan and (b) the PI Trust’s reversionary interest in the Special Operating Reserve.

⁹ “**Individual Non-Participating Claim Holdback Amount**” means the holdback and segregation by the PI Trust as to an individual Holder of a Substantiated Non-NAS PI Partially Channeled Claim in an amount equal to 77.9% of what such Holder’s Award would be pursuant to this Non-NAS PI TDP as of the Effective Date (excluding the \$50 million distribution due to the PI Trust pursuant to Section 5.2(e) of the Plan and the PI Trust’s reversionary interest in the Special Operating Reserve) if such Claim becomes Allowed. For the avoidance of doubt, the overall Individual Non-Participating Claim Holdback Amount will ultimately equal 79.6% of what such Holder’s Award will be upon the PI Trust’s receiving (a) the \$50 million distribution due to the PI Trust pursuant to Section 5.2(e) of the Plan and (b) the PI Trust’s reversionary interest in the Special Operating Reserve.

NAS PI CHanneled CLAIM WERE SUBSTANTIATED AND ALLOWED) FROM THE PI TRUST AS DESCRIBED HEREIN.

An Award for a Non-NAS PI Fully Channeled Claim liquidated under this Non-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, or 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 counsel to the Holder of such Non-NAS PI Channeled Claim in the Chapter 11 Cases, if any.¹⁰ In addition to these Fully Channeled PI Trust Deductions and Holdbacks, 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 Non-NAS PI Partially Channeled Claim liquidated under this Non-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 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.¹¹ For clarity, while the Award for a Non-NAS PI Partially Channeled Claim is a gross number pursuant to this paragraph, the actual calculation of the Individual Non-Participating Claim Holdback Amount and the Individual Direct Claim Holdback Amount shall be net of these Partially Channeled PI Trust Deductions and Holdbacks. For example, if the Award for a Substantiated Non-NAS PI Partially Channeled Claim would be \$100 as of the Effective Date and the Partially Channeled PI Trust Deductions and Holdbacks pursuant to clauses (A)-(D) of this paragraph is \$30, the Individual Non-Participating Claim Holdback Amount would be \$54.53 (77.9% of \$70 net Award) and the Individual Direct Claim Holdback Amount would be \$15.47 (22.1% of \$70 net Award).

This Non-NAS PI TDP sets forth what forms and qualifying evidence each Holder of a Non-NAS PI Channeled Claim must submit in order to be eligible to receive an Award. Specifically, the form attached hereto as **Exhibit A** (the “**Non-NAS PI Claim Form**”) may be completed online, and evidence in support of a Non-NAS PI Claim can be uploaded online via the PI Trust’s website: www.purduepitrust.com (the “**PI Trust Website**”). Completed Non-NAS PI Claim Forms, as well as evidence in support of a Non-NAS PI Channeled Claim, may also 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

¹⁰ If a Holder of a Non-NAS PI Channeled Claim is represented by counsel, then such counsel, rather than the PI Trust, shall be responsible for deducting its fees and expenses from such Holder’s Award.

¹¹ While “(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 Non-NAS PI Channeled Claim in the Chapter 11 Cases, if any,” are used to calculate deductions and holdback amounts for Non-NAS PI Fully Channeled Claims, they are not used to calculate deductions and holdback amounts for Non-NAS Partially Channeled Claims in the first instance. However, in the event a Non-NAS PI Partially Channeled Claim becomes Allowed, such Claim would be subject, at that time and from its recovery, to “(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 Non-NAS PI Partially Channeled Claim in the Chapter 11 Cases, if any.”

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 Non-NAS PI TDP does not impair any rights under 28 U.S.C. § 157(b)(5) of a Holder of a Non-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 Non-NAS PI TDP in accordance with the terms hereof.

§ 2. ALLOCATION OF FUNDS; CLAIMS ADMINISTRATOR.

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

Under the Plan, on the Effective Date the PI Trust will receive \$815,818,195¹² 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 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.¹³ The PI Trust shall establish a fund to pay Non-NAS PI Channeled Claims (the “**PI Trust Non-NAS Fund**”) and a fund to pay NAS PI Channeled Claims (the “**PI Trust NAS Fund**”), and shall allocate the distributions it receives under the Plan as follows, in each case, subject to the holdbacks and reductions set forth above: (i) \$48,213,070 received by the PI Trust on the Effective Date to the PI Trust NAS Fund,¹⁴ (ii) \$65,848,195 to be paid exclusively 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 Non-NAS PI Distribution will be subject to deductions for (i) the SOR Holdback in the amount of \$9,328,930, (ii) any Aggregate Direct Claims Holdback Amount, and (iii) 86.02% of any amounts (A) paid by the Debtors to the Claims Administrator and/or (B) 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 Non-NAS PI Claims will be allocated to the PI Trust Non-NAS Fund and (ii) one hundred percent (100%) of any Aggregate Direct Claims Holdback with respect to NAS PI Claims will be allocated to the PI Trust NAS Fund.

- (b) Claims Administrator.

- (i) The PI Trust shall be established in accordance with Section 5.8 of the Plan to (1) assume all liability for the PI Channeled Claims, (2) collect Distributions to the PI Trust, (3) administer and resolve PI Channeled Claims, (4) make Distributions on account of Allowed PI Channeled Claims in accordance with the PI Trust Documents (including this Non-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

¹² 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.

¹³ “**Aggregate Direct Claims Holdback Amount**” means the aggregate amount of the Individual Direct Claim Holdback Amounts that are projected as of the Effective Date. For the avoidance of doubt, Non-NAS PI Channeled Claims that are Disallowed pursuant to the claims resolution process shall not be taken into 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.

¹⁴ \$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 of \$45,000,000 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.

the Aggregate Direct Claims Holdback Amount and the Aggregate Non-Participating Claims Holdback Amount,¹⁵ (7) establish and fund the Class 10(b) Non-Participating Claims Reserves 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 the claims administrator (the “**Claims Administrator**”) to carry out the duties as set forth in the Plan and the PI Trust Documents.

- (ii) The Claims Administrator shall determine, pursuant to the requirements set forth in this Non-NAS PI TDP, whether the Non-NAS PI Channeled Claims liquidated under §§ 6-8 of this Non-NAS PI TDP are Qualified and Substantiated, regardless of the type of Award sought. The Claims Administrator may investigate any such Non-NAS PI Channeled Claim and may request information from any Holder of a Non-NAS PI Channeled Claim to ensure compliance with the terms outlined in this Non-NAS PI TDP. For any Holder of a Non-NAS PI Channeled Claim who executes the required HIPAA forms 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 § 3 of this Non-NAS PI TDP, it is the responsibility of the Holder of such Non-NAS PI Channeled Claim to obtain and submit proof demonstrating usage of a qualifying prescribed opioid with its Non-NAS PI Claim Form, unless such proof demonstrating usage of a qualifying prescribed opioid, as outlined in § 3 of this Non-NAS PI TDP, was previously provided with the Holder’s Proof of Claim that was timely filed in the Debtors’ Chapter 11 Cases.
- (iii) The Claims Administrator making any Distribution shall comply with all applicable withholding and reporting requirements imposed by any U.S. federal, state, local, or foreign taxing authority (the “**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 Non-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 NON-NAS PI CHANNELED CLAIM CLASSIFICATION (QUALIFIED, SUBSTANTIATED, OR DEFICIENT).

For a Non-NAS PI Channeled Claim that is being liquidated pursuant to the streamlined procedures set forth in §§ 6-8 of this Non-NAS PI TDP to be Qualified and Substantiated, the Holder of such Non-NAS PI Channeled Claim must:

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

¹⁵ “**Aggregate Non-Participating Claims Holdback Amount**” means the aggregate amount of the Individual Non-Participating Claim Holdback Amounts that are projected as of the Effective Date. For the avoidance of doubt, Non-NAS PI Channeled Claims that are Disallowed pursuant to the claims resolution process shall not be taken into account in calculating the Aggregate Non-Participating Claims Holdback Amount.

- (b) Provide proof demonstrating usage prior to the September 15, 2019 Petition Date of a qualifying **prescribed** opioid listed in **Exhibit C** hereto (a “**Qualifying Opioid**”).
 - (i) If the Holder of such Non-NAS PI Channeled Claim (or its decedent, if applicable), used only a **non-prescribed** (diverted) version of a Qualifying Opioid, then such Non-NAS PI Channeled Claim shall be Deficient;
- (c) Have timely¹⁶ filed an individual personal injury Proof of Claim for such Non-NAS PI Channeled Claim against one or more Debtors in the Chapter 11 Cases asserting such Holder’s Non-NAS PI Channeled Claim against one or more Debtors;
- (d) Complete, sign,¹⁷ and submit the Non-NAS PI Claim Form attached hereto as **Exhibit A** so that it is received on or before **July 28, 2025** (the “**PI Claims Deadline**”), which is sixty (60) days after the notice of the PI Claims Deadline was distributed to Holders of PI Channeled Claims as set out in the *Order (I) Appointing PI and TPP Claims Administrators; (II) Authorizing the Establishment 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**; and
- (f) To the extent the Non-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 D**, or provide valid estate documents (as described in Exhibit D) authorizing the Holder of the Claim to act on behalf of the decedent’s estate.

If the Holder of a Non-NAS PI Channeled Claim does not satisfy the requirement in § 3(c) above, such Claim cannot be Qualified. In no event shall a Person who does not satisfy § 3(a) and 3(c) above receive any distribution under this Non-NAS PI TDP.

If the Holder of a Non-NAS PI Fully Channeled Claim or Allowed Non-NAS PI Channeled Estate Sub-Claims satisfies all of the requirements in § 3(a)-(e) above [and § 3(f), above, if applicable], such Claim shall be Qualified and Substantiated. If the Holder of a Non-NAS PI Fully Channeled Claim or Non-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.

¹⁶ If the Proof of Claim for the Non-NAS PI Channeled Claim was filed after the General Bar Date but before September 21, 2021, the Claims Administrator shall consider the Proof of Claim timely for purposes of this Non-NAS PI TDP unless such Claim had been Disallowed by a Final Order of the Bankruptcy Court. If the Proof of Claim for the Non-NAS PI Channeled Claim was filed on or after September 21, 2021, the Claims Administrator shall consider the Proof of Claim not timely for purposes of this Non-NAS PI TDP (unless such Proof of Claim is deemed timely by a Final Order of the Bankruptcy Court), and, therefore, such Non-NAS PI Channeled Claim shall be Deficient.

¹⁷ If the Holder of a Non-NAS PI Channeled Claim is represented by counsel, then such Holder’s Non-NAS PI Claim Form may be signed by such Holder’s attorney instead of by such Holder; *provided* that such Non-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 Non-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 Non-NAS PI Channeled Claim to sign the Non-NAS PI Claim Form in order to avoid such Claim 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.

Each Holder of a Non-NAS PI Channeled Claim must complete, sign, and submit the Non-NAS PI Claim Form so that it is received by the Claims Administrator on or before the PI Claims Deadline. Failure to do so shall result in such Non-NAS PI Channeled Claim being Deficient.¹⁸

§ 4. DETERMINING WHETHER AN OPIOID IS A QUALIFYING OPIOID.

In order to demonstrate usage prior to the September 15, 2019 Petition Date of a Qualifying Opioid as listed in **Exhibit C** hereto, the following should be taken into account to the extent applicable:

- (a) The Holder of a Non-NAS PI Channeled Claim who provides evidence of a prescription for brand name OxyContin, MS Contin, Dilaudid, Hysingla ER, Butrans, DHC Plus, MSIR, OxyFast, OxyIR, Palladone, or Ryzolt may rely on the name alone without the necessity of a corresponding NDC number.
- (b) In order for a Non-NAS PI Channeled Claim to be Substantiated based on the use of one of the generic products listed in **Exhibit C** hereto (e.g., oxycodone, morphine sulfate, hydromorphone), the Holder of such Non-NAS PI Channeled Claim must present evidence that includes either:
 - (i) The product's corresponding NDC number, which is set forth on **Exhibit C** hereto;¹⁹ demonstrating the product was manufactured or sold by any of the Debtors, or
 - (ii) A notation in the record submitted by such Holder that the product was manufactured or sold by any of the Debtors.
- (c) The Holder of a Non-NAS PI Channeled Claim (or its decedent, if applicable) who used a generic oxycodone prescription that does not contain the evidence listed in § 4(b) above may only have a Substantiated Non-NAS PI Channeled Claim if the prescription utilized one of the following:
 - (i) Oxycodone CR (Controlled Release); or
 - (ii) Oxycodone ER (Extended Release).

Holders of Non-NAS PI Channeled Claims whose Claims are based on the use of opioids that are only manufactured by companies other than the Debtors will not be eligible or Qualified to receive a settlement payment from the PI Trust on account of such Claims.

§ 5. TYPES OF EVIDENCE REQUIRED FOR QUALIFYING OPIOIDS.

Each Holder of a Non-NAS PI Channeled Claim must provide any of the following documentation listed below in (a)–(e) demonstrating (i) a prescription that sets forth the name of the Holder of the Non-NAS PI Channeled Claim (or its decedent, if applicable), for (ii) an opioid that is a Qualifying Opioid by providing one of the following pieces of evidence with its Non-NAS PI Claim Form so as to be received by the Claims

¹⁸ If a Non-NAS PI Claim Form is received by the Claims Administrator after the PI Claims Deadline, the applicable Non-NAS PI Channeled Claim shall be a Deficient Claim absent a showing of extraordinary cause, to the satisfaction, and in the sole discretion, of the Claims Administrator; *provided, however*, that in no event shall such Non-NAS PI Channeled Claim be Qualified or Substantiated if such Non-NAS PI Claim Form is received by the Claims Administrator more than fifteen (15) days after the PI Claims Deadline. Furthermore, groups of Non-NAS PI Claim Forms represented by the same attorney received after the PI Claims Deadline shall not be considered timely, and thus such Non-NAS PI Channeled Claims shall not be Qualified or Substantiated, because the Claims Administrator only has the discretion to consider one Non-NAS PI Channeled Claim at a time.

¹⁹ Subject to additional NDC numbers after discovery from or other disclosure by the Debtors.

Administrator on or before the PI Claims Deadline, unless such documentation was previously submitted with a Proof of Claim that was timely filed by the Holder of the Non-NAS PI Channeled Claim in the Debtors' Chapter 11 Cases:

- (a) Pharmacy prescription records;
- (b) Other prescription records, including without limitation:
 - (i) A visit note in which the prescribing physician listed a prescription for a Qualifying Opioid; or
 - (ii) A signed prescription from a doctor for a prescribed Qualifying Opioid;
- (c) A historical reference to a prescribed Qualifying Opioid, including but not limited to:²⁰
 - (i) A reference in contemporaneous medical records to historical use of a prescribed Qualifying Opioid;
 - (ii) A reference in contemporaneous substance abuse/rehabilitation/mental health records to historical use of a prescribed Qualifying Opioid;
 - (iii) A reference in contemporaneous law enforcement records to historical use of a prescribed Qualifying Opioid; or
 - (iv) A reference in contemporaneous family law or other legal proceeding records to historical use of a prescribed Qualifying Opioid;
- (d) A photograph of the prescription bottle or packaging of a Qualifying Opioid with the date of the prescription as well as the name of the Holder of the Non-NAS PI Channeled Claim (or its decedent, if applicable), listed as the patient on the prescription bottle or packaging; or
- (e) Documentation indicating that the Holder of the Non-NAS PI Channeled Claim (or its decedent, if applicable) had at least one prescription for a Qualifying Opioid supplied prior to the September 15, 2019 Petition Date through customer loyalty programs, patient assistance programs ("**PAPs**"), or copay assistance programs provided by the Debtors or one of their successors.

Any Non-NAS PI Channeled Claim that does not meet the requirements of §§ 3, 4, and 5(a)-(e) of this Non-NAS PI TDP shall be Deficient.

The Claims Administrator has the discretion to request additional documentation believed to be in the possession of the Holder of the Non-NAS PI Channeled Claim or its authorized agent or counsel. The Claims Administrator has the sole discretion, subject to appeal under § 13 of this Non-NAS PI TDP, to classify a Non-NAS PI Channeled Claim as Deficient, or to reduce or eliminate the amount of Awards for Allowed Non-NAS PI Channeled Claims or Substantiated Non-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 § 5.

²⁰ The record containing the historical reference must have been created prior to the September 15, 2019 Petition Date.

§ 6. AWARD DETERMINATION.

- (a) Substantiated Non-NAS PI Fully Channeled Claims and Substantiated Deficient Non-NAS PI Partially Channeled Claims shall be categorized²¹ in one of two Tiers:
 - (i) **Tier 1:** Use of a Qualifying Opioid equal to or greater than six (6) months²² for a period prior to September 15, 2019 (16,000 points).
 - (ii) **Tier 2:** Use of a Qualifying Opioid for less than six (6) months for a period prior to September 15, 2019 (8,000 points).
- (b) The point values provided in § 6(a) above resulted from the work of counsel and other professionals advising the Ad Hoc Group of Individual Victims, statistical sampling and modeling performed by financial analysts and subject matter experts for the Ad Hoc Group of Individual Victims and other Holders of PI Channeled Claims, and collaborative discussions with stakeholders.
- (c) Based on an initial sample, the amount of the dollar award per point is estimated to be between \$0.70 and \$1.20. The dollar amount ultimately awarded per point will be determined with reference to the funds available in the PI Trust and the number and nature of Allowed PI Channeled Claims. The estimated amount per point will be updated periodically on the PI Trust Website.
- (d) In no event will any Allowed Non-NAS PI Channeled Claim receive a recovery from the PI Trust in an amount in excess of the maximum amount available to Substantiated Non-NAS PI Channeled Claims in Tier 1.

§ 7. CLAIM DEFICIENCIES.

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

²¹ Holders of Non-NAS PI Claims who assert or allege Qualifying Opioid usage in their respective Non-NAS PI Claim Forms but fail to produce corresponding evidence in support thereof and did not previously submit such evidence with their respective Proofs of Claim timely filed in the Debtors' Chapter 11 Cases, shall be Deficient.

²² The six months referred to in § 6(a) do not have to be consecutive use and are calculated based on the sum of all days noted in the supply portion of the prescription or otherwise described in the records. In the event a prescription or reference to a Qualifying Opioid does not reference a time period of supply, it shall not be counted towards the six months to qualify for Tier 1. However, a single reference to a Qualifying Opioid that does not contain a time period of supply would qualify for Tier 2.

§ 8. ADDITIONAL CLAIM FACTORS AND VALUATION.

- (a) To the extent practicable, only objective factors shall be taken into account, based upon the maxim that, in the context of mass torts, consistency is fairness.
- (b) Section 6 of this Non-NAS PI TDP is based in part on scoring grids developed in comparable cases with unique customization according to the claims and injuries encountered and reviewed in sampling individual PI Claims.
- (c) With respect to Non-NAS PI Channeled Claims, because of limited funds, economic damages are not compensable. Awards issued pursuant to this Non-NAS PI TDP provide compensation only for general pain and suffering.
- (d) In no circumstance shall the Claims Administrator assign any claim value for any punitive damages, exemplary damages, statutory enhanced damages, or attorneys' fees or costs (including statutory attorneys' fees and costs).

§ 9. BAR FOR PRIOR SETTLED CASES.

If a Non-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 Non-NAS PI TDP on account of such Non-NAS PI Channeled Claim and shall not recover from the PI Trust on account of such Non-NAS PI Channeled Claim.

§ 10. SPECIAL PROCEDURES IN RESPECT OF MINORS.

With respect to Holders of Non-NAS PI Channeled Claims (or their decedents, if applicable) who are minors under applicable law, the special procedures set forth in **Exhibit E** hereto also apply and shall supplement the procedures set forth in this Non-NAS PI TDP.

§ 11. FAIRNESS AUDITS AND FRAUD PREVENTION.

The Claims Administrator shall 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 Non-NAS PI Channeled Claims. Periodic fairness audits will be conducted on samples of Non-NAS PI Channeled Claims to ensure that they are being graded and paid fairly.

§ 12. CHARITY.

The PI Trust shall establish a charitable trust to accept donations that can be used to address the opioid addiction crisis by providing grant funding for recovery support services, addiction and addiction family harm reduction-related activities, education, family support, community-based advocacy efforts, and assistance to organizations providing services to individuals and caregivers grappling with opioid-related problems. The distribution of funding provided by this charitable trust may be streamlined through qualified not-for-profit organizations. The charitable trust shall be funded only through donations; none of the funds received by the PI Trust under the Plan may be diverted to fund this charitable trust.

§ 13. APPEALS.

The appeals process will begin as soon as practicable after the Effective Date. To the extent a Non-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),²³ the Holder of such Non-NAS PI Channeled Claim has a right to appeal the Claims Administrator's determination either that (i) such Claim is not Substantiated or is otherwise Deficient, and thus Allowed in the amount of \$0, (ii) such Claim is Substantiated but designated as Tier 2 because of a Deficiency in providing proof demonstrating use of a Qualifying Opioid equal to or greater than six (6) months for a period prior to September 15, 2019 to qualify for Tier 1, or (iii) 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 § 5 of this Non-NAS PI TDP. Any such appeal shall be referred to a special master appointed by the PI Trustee (the "**Appeals Special Master**").

Specifically, within twenty (20) days of receiving notice of the Claims Administrator's determination, a Holder of a Non-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 of the appeal will result in the dismissal of the appeal.

- If the Holder of such Non-NAS PI Channeled Claim timely filed a Non-NAS PI Claim Form and was given the opportunity to cure any Deficiency as described in § 7 of this Non-NAS 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 Non-NAS PI Channeled Claim did not timely file a Non-NAS PI Claim Form, but otherwise meets the criteria of § 3(a) and (c) of this Non-NAS PI TDP, such Holder must also provide the required documentation outlined in § 3(b), (d)-(f) of this Non-NAS TDP as part of the appeals process because such Holder does not have the right under this Non-NAS PI TDP to cure a Deficiency and, therefore, the Appeals Special Master will only review the evidence provided at the appeals stage.

Decisions of the Appeals Special Master shall be final and binding, and Holders of Non-NAS PI Channeled Claims shall have no further appeal rights as to any determinations made by the Claims Administrator under this Non-NAS PI TDP beyond those set forth in this § 13. Decisions of the Appeals Special Master shall be made within sixty (60) days of receipt of the notice of the applicable appeal.

²³ To be clear, if a Non-NAS PI Claim was Disallowed during the claims resolution process under the Plan, such Holder of a Claim has no appeal rights under this Non-NAS PI TDP, although it may seek to appeal a Final Order disallowing its Claim in the appropriate appellate court.

EXHIBIT A

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

NON-NAS PI CLAIM FORM FOR PURDUE 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 Non-NAS PI Channeled Claim, a claimant will, among other things, be required to:

- a) Hold such Non-NAS PI Channeled Claim against one or more Debtors;
- b) Provide proof demonstrating usage prior to the September 15, 2019, Petition Date of a qualifying prescribed opioid listed in Exhibit C to the TDP and also listed here on Pages 9 and 10 of this Form (a “**Qualifying Opioid**”); and
- c) Have timely filed an individual personal injury Proof of Claim for such Non-NAS PI Channeled Claim against one or more Debtors in the Chapter 11 Cases.

Each Holder of a Non-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, at 11:59 p.m. (Eastern Time)** (the “**PI Claims Deadline**”):

- a) This Non-NAS PI Claim Form;
- b) The applicable HIPAA consent form on Pages 11 and 12 of this Form; and
- c) To the extent the Non-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 <https://www.purduepitrust.com>, or valid estate documents authorizing the Holder of the Claim to act on behalf of the decedent’s estate.

FAILURE TO SUBMIT THIS NON-NAS PI CLAIM FORM ALONG WITH THE REQUIRED INFORMATION OUTLINED UNDER THE ELIGIBILITY SECTION ABOVE BY JULY 28, 2025, AT 11:59 P.M. (EASTERN TIME) MAY RESULT IN THE NON-NAS PI CLAIM POTENTIALLY BEING THE SUBJECT OF AN OBJECTION, DISALLOWANCE, OR DENIAL AND NOT RECEIVING ANY DISTRIBUTION.

THE NON-NAS PI TDP AND ANY FORMS REFERENCED IN THIS NON-NAS PI CLAIM FORM CAN BE REVIEWED, DOWNLOADED AND PRINTED ON THE PI TRUST WEBSITE AT [HTTPS://WWW.PURDUEPITRUST.COM](https://www.purduepitrust.com).²

¹ Capitalized terms used but not defined herein have the meanings ascribed to them in Thirteenth Amended Joint Chapter 11 Plan of Reorganization of Purdue Pharma L.P. and Its Affiliated Debtors [ECF No. 7306] (the “**Plan**”), the Purdue PI Trust Distribution Procedures for Non-NAS PI Channeled Claims (the “**Non-NAS PI TDP**”), or the PI Trust Agreement, as applicable.

² The Non-NAS PI TDP that is currently on the PI Trust Website is substantially complete but may have minor revisions. The Non-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 on a date to be scheduled.

Instructions for Non-NAS PI Claim Form Submission:

Only one Non-NAS PI Claim Form in addition to the Required Information should be submitted by or on behalf of a Holder of a Non-NAS PI Claim, even if the Claim of such Holder is for multiple injuries to that same Holder (for example, addiction, overdose, jail, etc.).

If the Holder of a Non-NAS PI Claim holds Non-NAS PI Claims for or on behalf of more than one opioid user, then a separate PI Claim Form for each opioid user in addition to the Required Information should be submitted.

Follow the instructions in each section carefully to ensure that this Non-NAS PI Claim Form is submitted correctly. Any section of the Non-NAS PI Claim Form that does not pertain to your Claim should be left blank.

Submitting this Non-NAS PI Claim Form does not guarantee that your Non-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 Non-NAS PI Claim or its representative to submit this Non-NAS PI Claim Form along with the Required Information (i.e., the HIPAA Form AND the required proof demonstrating usage of a Qualifying Opioid prior to the September 15, 2019 Petition Date as outlined in the Non-NAS PI TDP and below) by the PI Claims Deadline.

If the Non-NAS PI Claim arises from the use of opioids by a deceased Person, then a Death Certificate along with either the Heirship Declaration or valid estate documents (for example, letters testamentary or letters of administration) authorizing the Holder of such Claim to act on behalf of the Decedent's estate must be submitted as well.

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

Please fill out only one of the following sections (Section 1.A or 1.B).

Section 1.A – Claim for a Living Injured Party

Complete this Section **only** if you are (i) the Holder of a Non-NAS PI Claim arising from **your own use of opioids** or (ii) the representative of **another living Person who used opioids**.

Name of PI Claimant:

First Middle Last

Date of Birth of PI Claimant:

_____/_____/_____
DD MM YYYY

Current Address of PI
Claimant:

Street Address

City State Zip

Full Social Security Number
of PI Claimant:
(or Taxpayer ID or Social
Insurance Number)

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

Name of Representative:

(if applicable, i.e., if you are the
representative of the opioid user)

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

Section 1.B – Claim for a Deceased Injured Party

Complete this Section **only** if you are (i) the Holder of a Non-NAS PI Claim arising from the **use of opioids by a deceased Person that is your Decedent** or (ii) completing this Non-NAS PI Claim Form as such Holder's representative.

Name of Deceased Person

Who Used Opioids:

First

Middle

Last

Date of Birth of Deceased
Person Who Used Opioids:

_____/_____/_____
DD MM YYYY

Date of Death:

_____/_____/_____
DD MM YYYY

Full Social Security Number
of Deceased Person Who
Used Opioids: (or Taxpayer ID
or Social Insurance Number)

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

Name of PI Claimant
Submitting This PI Claim
Form on Behalf of Deceased
Person Who Used Opioids:

First

Middle

Last

Address of PI Claimant
Submitting This PI Claim
Form on Behalf of Deceased
Person Who Used Opioids:

Street Address

City

State

Zip

Relationship to Deceased
Person Who Used Opioids:

(must be the court appointed representative of the deceased Person's estate or the Decedent's legal heir as per the intestate statute of the state or domicile of the Decedent at the time of the Decedent's death, i.e. parent, sibling, child, spouse, etc.)

Name of 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: PRESCRIBED MEDICATIONS

Identify the name brand and/or generic Qualifying Opioid(s) listed below that was **prescribed** and used by you or the opioid user on whose behalf you are submitting this Non-NAS PI Claim. *A list of Qualifying Opioids along with their NDC Labeler and Drug Prefix can be found on pages 9 and 10 of this Form.*

OxyContin <input type="checkbox"/>	MS Contin <input type="checkbox"/>	DHC Plus <input type="checkbox"/>	Morphine Sulfate <input type="checkbox"/>
OxyFast <input type="checkbox"/>	Dilaudid <input type="checkbox"/>	MSIR <input type="checkbox"/>	Hydromorphone <input type="checkbox"/>
OxyIR <input type="checkbox"/>	Hysingla ER <input type="checkbox"/>	Palladone <input type="checkbox"/>	Oxycodone CR/ER <input type="checkbox"/>
	Butrans <input type="checkbox"/>	Ryzolt <input type="checkbox"/>	

Other Brand Name or Generic Opioid - list name(s) below:

Date of first use of the Qualifying Opioid(s) identified above: _____

Evidence of the prescription(s) demonstrating usage of a Qualifying Opioid prior to the September 15, 2019 Petition Date as outlined below and in the Non-NAS PI TDP MUST be submitted with this Non-NAS PI Claim Form by the PI Claims Deadline, unless you previously submitted such evidence as part of your Proof of Claim in the Debtors' Chapter 11 Cases. Failure to do so will result in the Non-NAS PI Claim being deficient as outlined in the Non-NAS PI TDP and may be the subject of an objection, disallowance, or denial.

TYPES OF EVIDENCE REQUIRED FOR QUALIFYING OPIOIDS

Each Holder of a Non-NAS PI Channeled Claim must provide any of the following documentation listed below in (a) – (e) demonstrating (i) a prescription that sets forth the name of the Holder of the Non-NAS PI Channeled Claim (or its decedent, if applicable), for (ii) an opioid that is a Qualifying Opioid by providing one of the following pieces of evidence with its Non-NAS PI Claim Form so as to be received by the Claims Administrator on or before the PI Claims Deadline, unless such documentation was previously submitted with a Proof of Claim that was timely filed by the Holder of the Non-NAS PI Channeled Claim in the Debtors' Chapter 11 Cases:

- a) Pharmacy prescription records;
- b) Other prescription records, including without limitation:
 - (i) A visit note in which the prescribing physician listed a prescription for a Qualifying Opioid; or
 - (ii) A signed prescription from a doctor for a prescribed Qualifying Opioid;
- c) A historical reference to a prescribed Qualifying Opioid, including but not limited to:³
 - (i) A reference in contemporaneous medical records to historical use of a prescribed Qualifying Opioid;
 - (ii) A reference in contemporaneous substance abuse/rehabilitation/mental health records to historical use of a prescribed Qualifying Opioid;
 - (iii) A reference in contemporaneous law enforcement records to historical use of a prescribed Qualifying Opioid; or
 - (iv) A reference in contemporaneous family law or other legal proceeding records to historical use of a prescribed Qualifying Opioid;

³ The record containing the historical reference must have been created prior to September 15, 2019.

PART TWO: PRESCRIBED MEDICATIONS (CONTINUED)

- d) A photograph of the prescription bottle or packaging of a Qualified Opioid with the date of the prescription as well as the name of Holder of the Non-NAS PI Channeled Claim (or its Decedent, if applicable), listed as the patient on the prescription bottle or packaging.
- e) Documentation indicating that the Holder of the Non-NAS PI Channeled Claim (of its decedent, if applicable) had at least one prescription for a Qualifying Opioid supplied prior to the September 15, 2019 Petition Date through customer loyalty programs, patient assistance programs (“PAPs”) or copay assistance programs provided by the Debtors or one of their successors.

PART THREE: TIER DESIGNATION

Please check the tier that applies to the Non-NAS PI Claim. **ONLY CHECK ONE.** Please refer to the Non-NAS PI TDP for full definitions and qualifying criteria.

- Tier 1:** You can demonstrate use of a Qualifying Opioid **equal to or greater than six (6) months** (does not have to be consecutive use) for a period prior to September 15, 2019.
- OR**
- Tier 2:** You can demonstrate use of a Qualifying Opioid for **less than six (6) months** for a period prior to September 15, 2019.

PART FOUR: MEDICAL LIENS

Section 4.A: Did any insurance company pay for medical treatment for the opioid-related personal injuries that gave rise to the Non-NAS PI Claim? Yes: _____ No: _____

Section 4.B: In the last twenty (20) years, were you or the opioid user on whose behalf you are submitting this Non-NAS PI Claim Form eligible for coverage by any of the following?

Please answer the question 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 is not listed below, please fill in that carrier’s 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: _____
Medicaid		Address: _____ _____ Phone #: _____ Policy #: _____	Policy Holder Name: _____ Dates of Coverage: _____

PART FOUR: MEDICAL LIENS (CONTINUED)

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

PART FIVE: SIGNATURE

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

Name of person who is signing this Form: _____

E-mail address of person who is signing this Form: _____

Phone Number of person who is signing this Form: _____

IF SIGNING AS THE HOLDER OF THE NON-NAS PI CLAIM OR AS HIS/HER REPRESENTATIVE:

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

*Signature of Holder of Non-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 Non-NAS PI Claim or its representative PI Claimant, 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 Non-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.

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

CONFIRMATION OF SUBMISSION OF REQUIRED PROOF OF USAGE OF A PRESCRIBED QUALIFYING OPIOID (Please check one):

I am including with my submission of this Non-NAS PI Claim Form the required evidence of a Qualifying Opioid prescription(s) as required under PART TWO above and as required in the Non-NAS PI TDP;

OR

I previously submitted with my Proof of Claim filed in the Debtors' Chapter 11 Cases the required evidence of a Qualifying Opioid prescription(s) as required under PART TWO above and as required in the Non-NAS PI TDP.⁴

As stated above in PART TWO, evidence of the prescription(s) demonstrating usage of a Qualifying Opioid prior to the September 15, 2019 Petition Date as outlined in the Non-NAS PI TDP must be submitted WITH THIS NON-NAS PI CLAIM FORM by the PI Claims Deadline unless the PI Claimant previously submitted such evidence with its Proof of Claim filed in the Debtors' Chapter 11 Cases. Failure to do so will result in the Non-NAS PI Claim being deficient as outlined in the Non-NAS PI TDP and may be the subject of an objection, disallowance, or denial.

⁴ The Claims Administrator will verify whether such required evidence is on Kroll's database.

**QUALIFYING OPIOIDS FOR
PURDUE PI TRUST DISTRIBUTION PROCEDURES
FOR NON-NAS PI CHanneled CLAIMS**

Drug Name	NDC Labeler and Drug Prefix	Drug Name	NDC Labeler and Drug Prefix
OxyContin	59011-410- ⁵	Dilaudid	76045-010-
OxyContin	59011-415-	Dilaudid	0074-2414-
OxyContin	59011-420-	Dilaudid	0074-2415-
OxyContin	59011-430-	Dilaudid	0074-2416-
OxyContin	59011-440-	Dilaudid	0074-2426-
OxyContin	59011-460-	Dilaudid	0074-2451-
OxyContin	59011-480-	Dilaudid	0074-2452-
OxyContin	59011-0100-	OxyIR	59011-0201-
OxyContin	59011-0103-	OxyFast	59011-0225-
OxyContin	59011-0105-	MSIR	00034-0518-
OxyContin	59011-0107-	MSIR	00034-0519-
OxyContin	59011-0109-	MSIR	00034-0521-
OxyContin	43063-0244-	MSIR	00034-0522-
OxyContin	43063-0245-	MSIR	00034-0523-
OxyContin	43063-0246-	Palladone	59011-0312-
OxyContin	43063-0354-	Palladone	59011-0313-
Butrans	59011-750-	Palladone	59011-0314-
Butrans	59011-751-	Palladone	59011-0315-
Butrans	59011-752-	Buprenorphine	42858-353-
Butrans	59011-757-	Buprenorphine	42858-493-
Butrans	59011-758-	Buprenorphine	42858-501-
Hysingla ER	59011-271-	Buprenorphine	42858-502-
Hysingla ER	59011-272-	Buprenorphine	42858-586-
Hysingla ER	59011-273-	Buprenorphine	42858-750-
Hysingla ER	59011-274-	Buprenorphine	42858-839-
Hysingla ER	59011-275-	Hydromorphone Hydrochloride	42858-301-
Hysingla ER	59011-276-	Hydromorphone Hydrochloride	42858-302-
Hysingla ER	59011-277-	Hydromorphone Hydrochloride	42858-303-
MS Contin	42858-515-	Hydromorphone Hydrochloride	42858-304-
MS Contin	42858-631-	Morphine Sulfate	42858-801-
MS Contin	42858-760-	Morphine Sulfate	42858-802-
MS Contin	42858-799-	Morphine Sulfate	42858-803-
MS Contin	42858-900-	Morphine Sulfate	42858-804-
MS Contin	00034-0513-	Morphine Sulfate	42858-805-
MS Contin	00034-0514-	Morphine Sulfate	0904-6557-
MS Contin	00034-0515-	Morphine Sulfate	0904-6558-
MS Contin	00034-0516-	Morphine Sulfate	0904-6559-
MS Contin	00034-0517-	Morphine Sulfate	35356-833-
MS Contin	16590-884-	Morphine Sulfate	35356-836-
Dilaudid	42858-122-	Morphine Sulfate	35356-838-
Dilaudid	42858-234-	Morphine Sulfate	42858-801-
Dilaudid	42858-338-	Morphine Sulfate	42858-802-
Dilaudid	42858-416-	Morphine Sulfate	42858-803-
Dilaudid	76045-009-	Morphine Sulfate	42858-810-

⁵ Pharmacies may include an additional “0” in the second segment of NDC Labeler and Drug Prefixes, such that, in respect of eight digit NDC Labeler and Drug Prefixes listed herein (for example, 59011-410-), a pharmacy record may include a “0” as a ninth digit (for example, 59011-0410).

Drug Name	NDC Labeler and Drug Prefix	Drug Name	NDC Labeler and Drug Prefix
Morphine Sulfate	42858-811-	Oxycodone Hydrochloride	60505-3540-
Morphine Sulfate	42858-812-	Oxycodone Hydrochloride	60951-0702-
Morphine Sulfate	61919-966-	Oxycodone Hydrochloride	60951-0703-
Morphine Sulfate	67296-1561-	Oxycodone Hydrochloride	60951-0705-
Morphine Sulfate	68084-157-	Oxycodone Hydrochloride	60951-0710-
Morphine Sulfate	68084-158-	Oxycodone Hydrochloride	67296-1376-
Morphine Sulfate	16590-966-	Oxycodone Hydrochloride	67296-1560-
Oxycodone Hydrochloride	0406-0595-	Oxycodone Hydrochloride	68774-0161-
Oxycodone Hydrochloride	0093-0031-	Oxycodone Hydrochloride	68774-0162-
Oxycodone Hydrochloride	0093-0032-	Oxycodone Hydrochloride	68774-0163-
Oxycodone Hydrochloride	0093-0033-	Oxycodone Hydrochloride	68774-0164-
Oxycodone Hydrochloride	0093-5731-	Oxycodone Hydrochloride	00093-0024-
Oxycodone Hydrochloride	0093-5732-	Oxycodone Hydrochloride	00093-0031-
Oxycodone Hydrochloride	0093-5733-	Oxycodone Hydrochloride	00093-0032-
Oxycodone Hydrochloride	0093-5734-	Oxycodone Hydrochloride	00093-0033-
Oxycodone Hydrochloride	0115-1556-	Oxycodone Hydrochloride	00115-1644-
Oxycodone Hydrochloride	0115-1557-	Oxycodone Hydrochloride	00172-6354-
Oxycodone Hydrochloride	0115-1558-	Oxycodone Hydrochloride	00172-6355-
Oxycodone Hydrochloride	0115-1559-	Oxycodone Hydrochloride	00172-6356-
Oxycodone Hydrochloride	0115-1560-	Oxycodone Hydrochloride	00172-6357-
Oxycodone Hydrochloride	0115-1561-	Oxycodone Hydrochloride	00591-3501-
Oxycodone Hydrochloride	0115-1562-	Oxycodone Hydrochloride	00591-3502-
Oxycodone Hydrochloride	0591-2693-	Oxycodone Hydrochloride	00591-3503-
Oxycodone Hydrochloride	0591-2708-	Oxycodone Hydrochloride	00591-3504-
Oxycodone Hydrochloride	0591-3503-	Oxycodone Hydrochloride	52152-0408-
Oxycodone Hydrochloride	0781-5703-	Oxycodone Hydrochloride	52152-0409-
Oxycodone Hydrochloride	0781-5726-	Oxycodone Hydrochloride	52152-0410-
Oxycodone Hydrochloride	0781-5767-	Oxycodone Hydrochloride	52152-0411-
Oxycodone Hydrochloride	0781-5785-	Oxycodone Hydrochloride	63304-400-
Oxycodone Hydrochloride	10702-801-	Oxycodone Hydrochloride	63304-401-
Oxycodone Hydrochloride	10702-803-	Hydrocodone	42858-040-
		Bitartrate/Acetaminophen	
Oxycodone Hydrochloride	42858-001-	Hydrocodone	42858-139-
		Bitartrate/Acetaminophen	
Oxycodone Hydrochloride	42858-002-	Hydrocodone	42858-201-
		Bitartrate/Acetaminophen	
Oxycodone Hydrochloride	42858-003-	Hydrocodone	42858-202-
		Bitartrate/Acetaminophen	
Oxycodone Hydrochloride	42858-004-	Hydrocodone	42858-203-
		Bitartrate/Acetaminophen	
Oxycodone Hydrochloride	42858-005-	Hydrocodone	42858-238-
		Bitartrate/Acetaminophen	
Oxycodone Hydrochloride	49884-136-	Oxycodone/Acetaminophen	42858-102-
Oxycodone Hydrochloride	49884-137-	Oxycodone/Acetaminophen	42858-103-
Oxycodone Hydrochloride	49884-138-	Oxycodone/Acetaminophen	42858-104-
Oxycodone Hydrochloride	49884-197-		
Oxycodone Hydrochloride	60505-3537-		
Oxycodone Hydrochloride	60505-3538-		
Oxycodone Hydrochloride	60505-3539-		

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 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 NON-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 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

**QUALIFYING OPIOIDS FOR
PURDUE PI TRUST DISTRIBUTION PROCEDURES
FOR NON-NAS PI CHANNELED CLAIMS**

<u>Drug Name</u>	<u>NDC Labeler and Drug Prefix</u>
OxyContin	59011-410- ¹
OxyContin	59011-415-
OxyContin	59011-420-
OxyContin	59011-430-
OxyContin	59011-440-
OxyContin	59011-460-
OxyContin	59011-480-
OxyContin	59011-0100-
OxyContin	59011-0103-
OxyContin	59011-0105-
OxyContin	59011-0107-
OxyContin	59011-0109-
OxyContin	43063-0244-
OxyContin	43063-0245-
OxyContin	43063-0246-
OxyContin	43063-0354-
Butrans	59011-750-
Butrans	59011-751-
Butrans	59011-752-
Butrans	59011-757-
Butrans	59011-758-
Hysingla ER	59011-271-
Hysingla ER	59011-272-
Hysingla ER	59011-273-
Hysingla ER	59011-274-
Hysingla ER	59011-275-
Hysingla ER	59011-276-
Hysingla ER	59011-277-
MS Contin	42858-515-
MS Contin	42858-631-
MS Contin	42858-760-
MS Contin	42858-799-
MS Contin	42858-900-
MS Contin	00034-0513-
MS Contin	00034-0514-
MS Contin	00034-0515-
MS Contin	00034-0516-
MS Contin	00034-0517-
MS Contin	16590-884-
Dilaudid	42858-122-
Dilaudid	42858-234--
Dilaudid	42858-338-
Dilaudid	42858-416-

¹ Pharmacies may include an additional "0" in the second segment of NDC Labeler and Drug Prefixes, such that, in respect of eight digit NDC Labeler and Drug Prefixes listed herein (for example, 59011-410-), a pharmacy record may include a "0" as a ninth digit (for example, 59011-0410).

Dilaudid	76045-009-
Dilaudid	76045-010-
Dilaudid	0074-2414-
Dilaudid	0074-2415-
Dilaudid	0074-2416-
Dilaudid	0074-2426-
Dilaudid	0074-2451-
Dilaudid	0074-2452-
OxyIR	59011-0201-
OxyFast	59011-0225-
MSIR	00034-0518-
MSIR	00034-0519-
MSIR	00034-0521-
MSIR	00034-0522-
MSIR	00034-0523-
Palladone	59011-0312-
Palladone	59011-0313-
Palladone	59011-0314-
Palladone	59011-0315-
Buprenorphine	42858-353-
Buprenorphine	42858-493-
Buprenorphine	42858-501-
Buprenorphine	42858-502-
Buprenorphine	42858-586-
Buprenorphine	42858-750-
Buprenorphine	42858-839-
Hydromorphone Hydrochloride	42858-301-
Hydromorphone Hydrochloride	42858-302-
Hydromorphone Hydrochloride	42858-303-
Hydromorphone Hydrochloride	42858-304-
Morphine Sulfate	42858-801-
Morphine Sulfate	42858-802-
Morphine Sulfate	42858-803-
Morphine Sulfate	42858-804-
Morphine Sulfate	42858-805-
Morphine Sulfate	0904-6557-
Morphine Sulfate	0904-6558-
Morphine Sulfate	0904-6559-
Morphine Sulfate	35356-833-
Morphine Sulfate	35356-836-
Morphine Sulfate	35356-838-
Morphine Sulfate	42858-801-
Morphine Sulfate	42858-802-
Morphine Sulfate	42858-803-
Morphine Sulfate	42858-810-
Morphine Sulfate	42858-811-
Morphine Sulfate	42858-812-
Morphine Sulfate	61919-966-
Morphine Sulfate	67296-1561-
Morphine Sulfate	68084-157-
Morphine Sulfate	68084-158-
Morphine Sulfate	16590-966-
Oxycodone Hydrochloride	0406-0595-
Oxycodone Hydrochloride	0093-0031-
Oxycodone Hydrochloride	0093-0032-

Oxycodone Hydrochloride	0093-0033-
Oxycodone Hydrochloride	0093-5731-
Oxycodone Hydrochloride	0093-5732-
Oxycodone Hydrochloride	0093-5733-
Oxycodone Hydrochloride	0093-5734-
Oxycodone Hydrochloride	0115-1556-
Oxycodone Hydrochloride	0115-1557-
Oxycodone Hydrochloride	0115-1558-
Oxycodone Hydrochloride	0115-1559-
Oxycodone Hydrochloride	0115-1560-
Oxycodone Hydrochloride	0115-1561-
Oxycodone Hydrochloride	0115-1562-
Oxycodone Hydrochloride	0591-2693-
Oxycodone Hydrochloride	0591-2708-
Oxycodone Hydrochloride	0591-3503-
Oxycodone Hydrochloride	0781-5703-
Oxycodone Hydrochloride	0781-5726-
Oxycodone Hydrochloride	0781-5767-
Oxycodone Hydrochloride	0781-5785-
Oxycodone Hydrochloride	10702-801-
Oxycodone Hydrochloride	10702-803-
Oxycodone Hydrochloride	42858-001-
Oxycodone Hydrochloride	42858-002-
Oxycodone Hydrochloride	42858-003-
Oxycodone Hydrochloride	42858-004-
Oxycodone Hydrochloride	42858-005-
Oxycodone Hydrochloride	49884-136-
Oxycodone Hydrochloride	49884-137-
Oxycodone Hydrochloride	49884-138-
Oxycodone Hydrochloride	49884-197-
Oxycodone Hydrochloride	60505-3537-
Oxycodone Hydrochloride	60505-3538-
Oxycodone Hydrochloride	60505-3539-
Oxycodone Hydrochloride	60505-3540-
Oxycodone Hydrochloride	60951-0702-
Oxycodone Hydrochloride	60951-0703-
Oxycodone Hydrochloride	60951-0705-
Oxycodone Hydrochloride	60951-0710-
Oxycodone Hydrochloride	63304-400-
Oxycodone Hydrochloride	63304-401-
Oxycodone Hydrochloride	67296-1376-
Oxycodone Hydrochloride	67296-1560-
Oxycodone Hydrochloride	68774-0161-
Oxycodone Hydrochloride	68774-0162-
Oxycodone Hydrochloride	68774-0163-
Oxycodone Hydrochloride	68774-0164-
Oxycodone Hydrochloride	00093-0024-
Oxycodone Hydrochloride	00093-0031-
Oxycodone Hydrochloride	00093-0032-
Oxycodone Hydrochloride	00093-0033-
Oxycodone Hydrochloride	00115-1644-
Oxycodone Hydrochloride	00172-6354-
Oxycodone Hydrochloride	00172-6355-
Oxycodone Hydrochloride	00172-6356-
Oxycodone Hydrochloride	00172-6357-

Oxycodone Hydrochloride	00591-3501-
Oxycodone Hydrochloride	00591-3502-
Oxycodone Hydrochloride	00591-3503-
Oxycodone Hydrochloride	00591-3504-
Oxycodone Hydrochloride	52152-0408-
Oxycodone Hydrochloride	52152-0409-
Oxycodone Hydrochloride	52152-0410-
Oxycodone Hydrochloride	52152-0411-
Hydrocodone	42858-040-
Bitartrate/Acetaminophen	
Hydrocodone	42858-139-
Bitartrate/Acetaminophen	
Hydrocodone	42858-201-
Bitartrate/Acetaminophen	
Hydrocodone	42858-202-
Bitartrate/Acetaminophen	
Hydrocodone	42858-203-
Bitartrate/Acetaminophen	
Hydrocodone	42858-238-
Bitartrate/Acetaminophen	
Oxycodone/Acetaminophen	42858-102-
Oxycodone/Acetaminophen	42858-103-
Oxycodone/Acetaminophen	42858-104-

EXHIBIT D

HEIRSHIP DECLARATION FOR
PURDUE PI TRUST DISTRIBUTION PROCEDURES
FOR NON-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?	<input type="checkbox"/> Yes. How notified: _____ <input type="checkbox"/> No. Why not notified: _____
2.	Legal Name	
	Address	
	Relationship to Decedent	
	Notified of Settlement?	<input type="checkbox"/> Yes. How notified: _____ <input type="checkbox"/> No. Why not notified: _____

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

3.	Legal Name	
	Address	
	Relationship to Decedent	
	Notified of Settlement?	___ Yes. How notified: _____ ___ No. Why not notified: _____
4.	Legal Name	
	Address	
	Relationship to Decedent	
	Notified of Settlement?	___ Yes. How notified: _____ ___ No. Why not notified: _____
5.	Legal Name	
	Address	
	Relationship to Decedent	
	Notified of Settlement?	___ Yes. How notified: _____ ___ No. Why not notified: _____
6.	Legal Name	
	Address	
	Relationship to Decedent	
	Notified of Settlement?	___ Yes. How notified: _____ ___ No. Why not notified: _____
7.	Legal Name	
	Address	
	Relationship to Decedent	
	Notified of Settlement?	___ Yes. How notified: _____ ___ 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 E

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

The following procedures apply to any Holder of a Non-NAS PI Channeled Claim who is a minor under applicable law (a “Minor Claimant”) for so long as the Holder of a Non-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 Non-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 Non-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 Non-NAS PI TDP. The Proxy is authorized to take, on behalf of a Minor Claimant, all actions under the Non-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 Non-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.

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 Non-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.