PURDUE OPIOID PERSONAL INJURY TRUST
Attn: Edgar C. Gentle, III, Esq., Claims Administrator
Purdue PI Trust, P.O. Box 361930, Hoover, Alabama 35236-1930
(855) 637-5538 Toll Free (205) 716-2364 Facsimile
Email for financial questions: NASFinancialPlanning@PurduePITrust.com

NAS ADULT CLAIMANT PAYMENT ELECTION FORM

Part 1. Claimant Information

Date: _____

Full Name of Claimant: _____

Social Security Number: _____

Date of Birth: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

If someone other than the Claimant is signing this form:

Name: _____

Relationship to Claimant: _____

Legal authority to sign for the Claimant (attach a copy):

☐ Guardianship Order ☐ Conservatorship Order ☐ Power of Attorney

Email Address: _____

Phone Number: _____

Part 2. When You Want to Be Paid (check one)

☐ Pay me now. Complete Part 3.

☐ Leave my money in the Fund until I send a new form.

☐ Split my payment across two or more calendar years. Complete Part 3 and describe the years and amounts:

_____

Part 3. How You Want to Be Paid

You may divide your money among more than one option. Show the amount or percentage for each option you choose. Before choosing, you may review the seminar presentation on the Fund's website and/or email NASFinancialPlanning@PurduePITrust.com to schedule a free session with the financial planning team.

☐ Check by mail. Amount or %: _____

☐ ABLE account in the Claimant's name. Amount or %: _____

Plan name: _____

Account number: _____

Deposit instructions: _____

☐ Structured settlement (the Fund will contact you). Amount or %: _____

☐ Another arrangement. Amount or %: _____

Type of account: _____

Account name: _____

Account number: _____

Deposit instructions: _____

Part 4. Government Benefits

Do you receive SSI, Medicaid, SNAP or housing assistance? ☐ Yes ☐ No ☐ Not sure

If you answer Yes or Not sure, the financial planning team will contact you before any check is mailed, so the payment does not put your benefits at risk.

Part 5. Account Verification

Before sending money to any account, the Fund will call you at the phone number above to confirm the account details.

* * *

I declare under penalty of perjury that the information on this form is true and that I am the Claimant, or that I have the legal authority described in Part 1 to sign this form for the Claimant.

Name (please print): _____

Signature: _____

Date: _____