

Request to Split Deceased Settlement Class Member's Payment

If no legal document exists specifying how the Deceased Settlement Class Member's estate is to be split, please complete the table below listing any known heirs and the agreed-upon split of the Deceased Settlement Class Member's award. List yourself as "Heir 1" and make sure all the heirs requesting a share of the settlement payment have signed this form.

Heir No.	Full name	Address	DOB	SSN	Percent share of award
1					
2					
3					
4					
5					

* Please copy this page and add additional heirs if an award must be split more than five ways. All heirs listed on this page must sign below in order for the Settlement Administrator to split the payment between the heirs.

Signature and Certification

By signing this document, I am certifying under penalty of perjury that I am legally entitled to the above-referenced share of the Deceased Settlement Class Member's Individual Settlement Award, there are no other heirs entitled to share in the Individual Settlement Award other than the ones listed on this form, and the information provided above is complete and accurate.

Heir 1 Signature:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			MM		DD		YYYY
Heir 2 Signature:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			MM		DD		YYYY
Heir 3 Signature:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			MM		DD		YYYY
Heir 4 Signature:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			MM		DD		YYYY
Heir 5 Signature:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			MM		DD		YYYY