

**INSTRUCTIONS FOR COMPLETING REQUEST FOR RELEASE OF FINANCIAL RECORDS
 ATTACHMENT**

We are requesting authorization to obtain a Release of Financial Records. The Authorization for Release of Financial Records is attached immediately following these instructions. The form is also available in Adobe Fillable format at www.deepwaterhorizoneconomicsettlement.com.

<p align="center">1.</p>	<p><i>Section A. Claimant Information.</i></p> <p>Individual Claimants. Complete Section A with your name (last, first, middle initial), DWH claimant number, date of birth (month/day/year), and your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).</p> <p>Business Claimants. Complete Section A with the full name of the business (including any DBA name), DWH claimant number, and your Employer Identification Number (EIN). If you do not have an Employer Identification Number because the business is filed as a Schedule C entity, enter the Social Security Number of the principal agent or owner of the business for which the bank records are kept.</p> <p>All Claimants. If any required information is missing from Section A, your authorization will be incomplete and your claim(s) will be suspended indefinitely.</p>
<p align="center">2.</p>	<p><i>Section B. Financial Institution(s) Information.</i></p> <p>Complete Section B1 with the name and address of the financial institution requested in Section II of the Notice of Request for Authorization Forms ("Notice"). Complete Section B1 with the account holder's name and the complete account number as they appear on the bank statements, including any numbers preceding or following any dashes or spaces.</p> <p>If any account listed in Section B is a joint account, you must include all account holders' names in Section B and you must copy Page 2 and complete Section C for each account holder.</p> <p>DO NOT complete the section for the period for which information is requested. The Claims Administrator will complete this information prior to obtaining the bank records, and the time requested will be limited to the Benchmark and/or Compensation Periods.</p> <p>Repeat Section B2- B3 as necessary for all financial institutions requested in Section II of the Notice. Print additional pages as necessary if more than 3 accounts are requested.</p> <p>If any required information is missing from Section B, your authorization will be incomplete and your claim(s) will be suspended indefinitely.</p>
<p align="center">3.</p>	<p><i>Section C. Authorization.</i> You should carefully read Section C and sign the Authorization Form only if you agree to and accept the terms and conditions set forth in Section C 1-6.</p>

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Section C. Signature(s) Required.

Individual Claimants. Complete Section C with your signature and your name (printed or typed) in the space provided. **DO NOT** date the Authorization Form. The Claims Administrator will date the Authorization Form on your behalf when and if it determines that this authorization is necessary for the processing of your claim(s).

If you are signing the Authorization Form as a representative on behalf of the account holder identified in Section A, complete Section C with your relationship to the account holder and your authority to act on his/her behalf. You must also provide documentation of your authority to act in this representative capacity, if not done already.

4. If any account listed in Section B is a joint account, you must include all account holders' names in Section B and you must copy Page 2 and complete Section C for each account holder.

Business Claimants. Complete Section C with the signature of the authorized business representative, and the name (printed or typed) of the authorized business representative in the space provided. **DO NOT** date the Authorization Form. The Claims Administrator will date the Authorization Form on your behalf when and if it determines that this authorization is necessary for the processing of your claim(s).

Business claimants must also complete Section C with the title of the authorized business representative and provide documentation of his/her authority to sign on behalf of the business, if not done already.

All Claimants. If any required information is missing from Section C, your authorization will be incomplete and your claim(s) will be suspended indefinitely.

5. **Attorney Representation.** If you are represented by an attorney in connection with your claim(s), do not sign the Authorization Form until you have conferred with your attorney about the decision to submit and sign the Authorization Form.

6. **Originals Required.** Return the *original*, hard copy signed Authorization for Release of Financial Records, along with any necessary attachment(s), to the Claims Administrator at the address listed below and in Section V of the Notice. You may not upload the Authorization Form using the DWH portal. Facsimiles, PDFs or copies of a signature will not be accepted.

Submit the *original*, hard copy signed Authorization Form(s) on or before your response deadline by Mail, Overnight, Certified or Registered Mail.

By Mail

(Postmarked no later than your response deadline)

Deepwater Horizon Economic Claims Center
PO Box 10272
Dublin, OH 43017-5772

By Overnight, Certified or Registered Mail

(If mail, postmarked no later than your response deadline; if other overnight delivery, placed in the custody of an overnight carrier by your response deadline)

Deepwater Horizon Economic Claims Center
c/o Claims Administrator
5151 Blazer Parkway Suite A
Dublin, OH 43017