



UPDATE ATTORNEY REPRESENTATION FORM

A. INSTRUCTIONS

Fire Victims and lawyers who wish to update the law firm that represents their claim(s) with the Fire Victim Trust must submit this Update Attorney Representation Form. The purpose of this form is to provide information required to update the Trust's Attorney Representation tracking and to provide a way for the affected law firms or unrepresented Fire Victims to authorize the update. Complete one form per Fire Victim / household, or complete Exhibit A and attach it to a single completed form for an inventory of Fire Victims with the same Prior and New Law Firms. Fire Victims' lawyers or unrepresented Fire Victims can complete this form to give representation to a different law firm, but only if the law firm or Fire Victim giving representation (a) appears on the Fire Victim's Proof of Claim form as the Notice Party in Question 4 or (b) signed the Proof of Claim form. For additional instructions and definitions, see page 4.

B. PROOF OF CLAIM

Identify the Fire Victim whose representation you wish to update. If you are submitting this form on behalf of an inventory of Fire Victims, check the Exhibit A box below and attach a list of affected Fire Victims.

| | | | |
|---------------------------------|--|--------------------|--|
| Prime Clerk Claim Number | | Claimant ID | |
| Claimant Name | | | |

See Exhibit A

C. HOUSEHOLD MEMBERS

Identify any household / family members listed on the Proof of Claim form who will also be represented by the New Law Firm identified in Section F of this form. Skip this section if you are completing Exhibit A for an inventory of Fire Victims or there are no household / family members listed on the Fire Victim's Proof of Claim form.

| LAST NAME | FIRST NAME | M.I. | RELATIONSHIP TO CREDITOR |
|-----------|------------|------|--------------------------|
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UPDATE ATTORNEY REPRESENTATION FORM

D. PRIOR LAW FIRM / UNREPRESENTED FIRE VICTIM COMPLETING THIS FORM

Provide the contact information for the law firm or unrepresented Fire Victim that the Fire Victim Trust is currently tracking and that is giving representation to the New law firm or Fire Victim identified in Section F of this form. Only the law firm or Fire Victim appearing on the Fire Victim's Proof of Claim form as the Notice Party in Question 4 or who signed the Proof of Claim form may complete this section of the form.

| | | | | |
|---|-------------------|--------------|-------|----------|
| Law Firm / Unrepresented Fire Victim | | | | |
| Address | Street | City | State | ZIP Code |
| | Suite / Address 2 | Country | | |
| Telephone Number | | Email | | |

E. AUTHORIZATION OF PRIOR LAW FIRM / UNREPRESENTED FIRE VICTIM

By completing this form, you authorize the Fire Victim Trust to update the attorney representation for all Fire Victims listed on this form to the law firm or unrepresented Fire Victim identified in Section F. Print the name of the Prior Law Firm's authorized representative and provide the Completion Date. If the Fire Victim is unrepresented, print the unrepresented Fire Victim's name and provide the Completion Date. Only the law firm or Fire Victim appearing on the Fire Victim's Proof of Claim form as the Notice Party in Question 4 or who signed the Proof of Claim form may provide this authorization.

| | | | |
|------------------------|---|------------|----|
| Printed Name | Last Name | First Name | MI |
| Completion Date | _____ mm dd yyyy | | |



UPDATE ATTORNEY REPRESENTATION FORM

F. NEW LAW FIRM / UNREPRESENTED FIRE VICTIM

Provide the contact information for the law firm or unrepresented Fire Victim who will be responsible for representing the claims of the Fire Victims on this form with the Trust.

| | | | | |
|--|-------------------|--------------|-------|----------|
| Law Firm / Unrepresented Fire Victim New Representation | | | | |
| Address | Street | City | State | ZIP Code |
| | Suite / Address 2 | Country | | |
| Telephone Number | | Email | | |

G. AUTHORIZATION OF NEW LAW FIRM / UNREPRESENTED FIRE VICTIM

By completing this form, you authorize the Fire Victim Trust to update the attorney representation for all Fire Victims listed on this form to the law firm or unrepresented Fire Victim identified in Section F. Print the name of the New Law Firm's authorized representative and provide the Completion Date. If the Fire Victim is unrepresented, print the unrepresented Fire Victim's name and provide the Completion Date.

| | | | |
|------------------------|--|------------|----|
| Printed Name | Last Name | First Name | MI |
| Completion Date | ____ / ____ / ____ mm dd yyyy | | |



UPDATE ATTORNEY REPRESENTATION FORM

H. HOW TO SUBMIT THIS FORM

Email the completed Update Attorney Representation Form to info@firevictimtrust.com. If you have questions about completing or submitting this form or Exhibit A, call or email your designated Case Manager, 1-888-664-1152, or info@firevictimtrust.com.

I. DEFINITIONS

| | |
|--|--|
| 1. Prime Clerk Claim Number | This is the claim number assigned by Prime Clerk and listed on the Bankruptcy Court claims register (available here) after submitting your Proof of Claim. |
| 2. Claimant ID | This is the numerical identifier in the Fire Victim Trust database for the Creditor listed in Question 1 of the identified Proof of Claim. |
| 3. Claimant Name | This is the name of the individual or entity who is the subject of the request to update attorney representation. |
| 4. Exhibit A | This is a list of all Fire Victims / households included in your request to update attorney representation. Exhibit A is necessary only if you are submitting a single Update Attorney Representation Form for an inventory of Fire Victims. |
| 5. Prior Law Firm / Fire Victim | This is the law firm or unrepresented Fire Victim that agrees to no longer act as the primary legal representative of the Fire Victim's claims with the Fire Victim Trust. |
| 6. New Law Firm / Fire Victim | This is the law firm or unrepresented Fire Victim that agrees to act as the primary legal representative of the Fire Victim's claims with the Fire Victim Trust. |
| 7. Printed Name | This is the name of the person(s) who complete this form. |
| 8. Completion Date | Include the month, day and year (mm/dd/yyyy) on which the form was completed. |