

ENDO PROXY FORM
FOR BOTH NAS AND PI MINOR CLAIMANTS

Purpose: This form is intended to be used to provide information and the sworn statements necessary to show your eligibility to serve as a proxy decision maker for a Minor Claimant in the Endo Personal Injury Trust and Endo NAS Personal Injury Trust.

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 as the “Proxy” is authorized to make submissions on behalf of the Minor Claimant, subject to laws and the NAS and PI TDPs.

The proxy is responsible for submitting, on behalf of the Minor Claimant, all required forms and evidence to support the Minor Claimant’s claim.

The proxy is authorized to take, on behalf of the Minor Claimant, all actions under the TDPs that the Minor Claimant would be authorized to take if they were an adult, other than receiving the distributions from the PI Trust. These actions include, where permitted, making an opt-out or, when authorized by the TSPs to do so, making a payment election or requesting an appeal pursuant to the PI TDP.

To establish oneself as the proxy of a Minor Claimant, the following must be completed and the requested evidence establishing you as proxy must be supplied to the Trust.

PART ONE: PERSONAL INFORMATION OF MINOR PI CLAIMANT AND THEIR PROXY

Minor Claimant Information (Fill out the information for the Minor Claimant)

Minor Claimant’s Name: _____

Minor Claimant’s Date of Birth: _____

Minor Claimant’s Address: _____

Minor Claimant’s Social Security Number: _____

Proxy Information (Fill out this information if you are the Purported Proxy of a Minor Claimant)

Proxy’s Name: _____

Proxy’s Relationship to the Minor Claimant: _____

Proxy’s Date of Birth: _____

Proxy’s Address: _____

Proxy’s Social Security Number: _____

Proxy’s Phone Number: _____

PART TWO: PROXY TYPE (you must supply the following evidence to the Trust)

ONLY SELECT ONE: Please **check** the one section that applies to you, **fill out** the information included and **provide** the **required** information and evidence, if applicable.

I Am A Custodial Parent

Please **fill out** this section if you are the **custodial parent** of a Minor Claimant.

I, _____, am the Custodial Parent
(biological mother/father with whom the child currently lives) of the Minor Claimant,

_____.

I declare, under penalty of perjury, that the representations made and the information provided on this Proxy form are true, correct, and complete to the best of my knowledge.

Signature of the Purported Proxy acting on behalf of the Minor Claimant:

_____ (signature)

Print Name: _____ Date: _____

I Am A Court Appointed Legal Guardian

Please **fill out** this section and **provide the applicable order** if you are the **legal guardian** of a Minor Claimant.

I, _____, have been appointed by the court
as the guardian of the Minor Claimant, _____,
and am providing the order appointing me as the legal guardian of the Minor Claimant.

I declare, under penalty of perjury, that the representations made and the information provided on this Proxy form are true, correct, and complete to the best of my knowledge.

Signature of the Purported Proxy acting on behalf of the Minor Claimant:

_____ (signature)

Print Name: _____ Date: _____



I am providing custody and care for the Minor Claimant, but I am neither the Custodial Parent nor the Court Appointed Legal Guardian.

Please fill out this section and provide the applicable statements and/or records if you are providing custody and care for the Minor Claimant but are neither the custodial parent nor the court appointed legal guardian of the Minor Claimant.

I, _____, am providing custody and care to the Minor Claimant, _____.

I have been providing custody and care to the Minor Claimant since _____ (date).

My relationship with the Minor Claimant is:

The circumstances around the provisions and care of the Minor Claimant are:

I am providing the statements and/or records marked below as a form of evidence to the Trust to support my statement under penalty of perjury: **(select one)**

- _____ Records/statements from the Minor Claimant’s school or childcare provider
- _____ Records/statements from my landlord or property manager
- _____ Records/statements from the placement agency which put the Minor Claimant in my care
- _____ Records/statements from a governmental social services agency
- _____ Records/statements from Indian tribe officials
- _____ Records/statements from my employer
- _____ Records/statements from Minor Claimant’s medical/healthcare provider

I declare, under penalty of perjury, that the representations made and the information provided on this Proxy form are true, correct, and complete to the best of my knowledge.

Signature of the Purported Proxy acting on behalf of the Minor Claimant:

_____ (signature)

Print Name: _____ Date: _____