

CLAIM FORM FOR NAS PI TRUST DISTRIBUTION PROCEDURES

This supplemental claim form (“**Claim Form**”) must be completed by each NAS PI Claimant¹ seeking an Award from the NAS Personal Injury Trust (the “**NAS PI Trust**”) on a NAS PI Claim.²

FAILURE TO TIMELY SUBMIT THIS CLAIM FORM AS PROVIDED IN THE NAS PI TDP MAY CAUSE THE NAS PI CLAIM TO BE DEEMED DISALLOWED UNDER THE NAS PI TDP. **To be timely filed, the Claim Form must be submitted by no later than the date that is one year from the Effective Date.** Although that is the latest a Claim Form may be submitted to the NAS PI Trust, a NAS PI Claimant may benefit from submitting the Claim Form earlier, because the NAS PI Trust may issue installments or partial distributions to Allowed NAS PI Claims prior to that date. Note, however, that NAS PI Claimants who timely filed proofs of claim prior to the general bar date, previously filed claims, and provided the required documentation in connection with the *Mallinckrodt plc* (Case No. 20-12522) (Bankr. Del.) bankruptcy case do not need to submit a claim form with the NAS PI Trust, but shall provide the Trustee with a list of claims filed in the Mallinckrodt Case and the Chapter 11 Cases for the Trustee to vet and verify.

Instructions:

If you represent the interests of an NAS PI Claimant and are seeking to recover money from the NAS PI Trust on account of that NAS PI Claimant’s NAS PI Claim, you must complete this Claim Form and return it to ENDO NAS PI Trust, PO Box 361930, Hoover, Alabama 35236-1930. If you do not complete the Claim Form, you will NOT qualify to receive funds on behalf of the NAS PI Claimant you represent.

If you believe that the NAS PI Claimant you represent holds multiple NAS PI Claims against the Debtors on account of multiple injuries, then fill out only one Claim Form. One Claim Form submitted for a NAS PI Claim shall be deemed to be a Claim Form in respect of that NAS PI Claim and also any NAS PI Claims against all Debtors and other Released Parties that are associated with that NAS PI Claim.

If you represent the interests of more than one NAS PI Claimant, you must file a Claim Form on behalf of each individual NAS PI Claimant, unless authorized to do so by the Trustee. YOU

¹ Parties that previously filed claims and provided the required documentation in connection with the *Mallinckrodt plc* (Case No. 20-12522) (Bankr. D. Del.) (the “**Mallinckrodt Case**”) bankruptcy case do not need to provide further documentation, except as set forth herein.

² Capitalized terms used but not defined herein have the meanings ascribed to them in the NAS Personal Injury Trust Distribution Procedures (“**NAS PI TDP**”) or, if not defined therein, then the meanings ascribed to them in the *Fourth Amended Joint Chapter 11 Plan of Reorganization of Endo International plc and its Affiliated Debtors* [Docket No. 3849] (the “**Plan**”) or the NAS Personal Injury Trust Agreement (“**Trust Agreement**”), as the case may be.

CANNOT FILE ONE CLAIM FORM ON BEHALF OF MULTIPLE NAS PI CLAIMANTS, UNLESS AUTHORIZED TO DO SO BY THE TRUSTEE.

Follow the instructions of each section carefully to ensure that your Claim Form is submitted correctly. Except as otherwise indicated, all words shall be given their ordinary, dictionary meaning. Submitting this Claim Form does not guarantee that you will receive payment from the NAS PI Trust. Whether you will receive payment depends on whether you provide the required submissions, as set forth in the NAS PI TDP and whether your claim meets the eligibility requirements set forth in the NAS PI TDP.

You must also provide the documentation requested herein, and, if your claim is subsequently Allowed by the NAS PI Trust, your claim will be liquidated and paid according to the provisions of the NAS PI TDP. If your claim is Disallowed by the NAS PI Trust, you will not receive a distribution from the NAS PI Trust. In the event your claim is Disallowed, such Disallowance shall not affect the efficacy, enforceability, scope or terms of your Non-GUC Release, to the extent granted (whether granted by execution of a release form or otherwise deemed granted pursuant to the Plan), or the release granted thereunder, which will remain in full force and effect. All claimants whose NAS PI Claims are Allowed by the NAS PI Trust shall receive an equal distribution from the NAS PI Trust Fund, subject to the deductions described in the NAS PI TDP and the additional payment in consideration for granting a Non-GUC release.

Each NAS PI Claimant is responsible for satisfying any liens that health insurance companies, government entities (including Medicare and Medicaid), or any other third party may have against any Award that may be issued by the NAS PI Trust. By submitting this Claim Form and choosing to liquidate your NAS PI Claim under the NAS PI TDP, you understand that the NAS PI Trust may enter into a lien resolution program (“**LRP**”) and, if the NAS PI TDP does enter into a LRP, you are deemed to consent to the LRP and the NAS PI Trust’s release of information provided in connection with your NAS PI Claim as required under the LRP to identify any liens that may be asserted against an Award based on the NAS PI Claim. If any liens are identified against your Award, the NAS PI Trust may reduce your Award by the amount required to satisfy the lien(s).

Instructions for Submission: You may complete this NAS PI Claim Form online at endopitrust.com or you may submit the completed NAS PI Claim form by emailing it to endopitrust@endopitrust.com, mailing it to Endo NAS PI Trust, P.O. Box 361930, Hoover, AL 35236-1930, or by faxing it to 205-716-2364.

PART ONE: PERSONAL INFORMATION OF NAS PI CLAIMANT AND HIS/HER REPRESENTATIVE

(All Claimants must complete this Part)

Section 1.A: Fill out the information for the NAS PI Claimant below:

NAS PI Claimant's Name:

NAS PI Claimant's Date of Birth:

NAS PI Claimant's Date of Death (if applicable):

NAS PI Claimant's Address:

NAS PI Claimant's Social Security Number:

Section 1.B: Fill out your own information below:

Your Name:

Your Date of Birth:

Your Address:

Your Social Security Number:

Your Phone Number:

State whether you are the natural parent, legal guardian, or other custodian of the NAS PI Claimant:

PART TWO: MEDICAL PROVIDER INFORMATION

Section 2.A: This section concerns licensed medical providers who have diagnosed the NAS PI Claimant with any medical, physical, cognitive, or emotional conditions resulting from his/her intrauterine exposure to opioids or opioid replacement or treatment medication(s). The diagnoses may include, but are not limited to, the condition known as neonatal abstinence syndrome ("NAS"). Fill out and provide the following information, if known:

Name of Licensed Medical Provider	Address	City	State	Zip	Date of Diagnosis

PART FOUR: SIGNATURE

Please fill out and sign this section to complete this Claim Form.

NAS PI Claimant's Name:

NAS Claimant's Email (if any):

NAS Claimant's Phone Number (if any):

Your Name:

Your Email:

Your Phone Number:

To the extent required, I am including the evidence requested in Section 3.B above in my submission of this form: _____.

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

Signature of NAS PI Claimant or individual acting on behalf of the NAS PI Claimant:

Print name: _____ Date: (mm/dd/yyyy) _____