



ADD OR SUBSTITUTE CLAIMANT

A. INSTRUCTIONS

Fire Victims and attorneys seeking to cure a technical deficiency within a timely filed Proof of Claim (“POC”) may complete this form to request Claims Administrator approval to: (1) add a new Claimant, including a family or household member or other claim holder (e.g., a trust) that was inadvertently excluded from the filed POC; (2) add a new Claimant based on a permissible transfer of Claim; or (3) add or substitute a Representative Claimant for a Claimant who has died or become incapacitated. Complete one form per Fire Victim.

B. NEW CLAIMANT INFORMATION

Claimant Name			
Basis of Request	Identify the relationship of the new Claimant to the Claimant identified in Section C: <input type="checkbox"/> Family/household member <input type="checkbox"/> Representative Claimant <input type="checkbox"/> Transferee <input type="checkbox"/> Other: _____		
Explanation	Explain why the new Claimant was not named in the filed POC and needs to be added at this time. Attach additional pages, if necessary, as well as any supporting documents.		
Law Firm (Leave blank if not represented by a attorney)	Law Firm and Attorney Name		
	Street Address		
	City	State	Zip Code
	Phone () -	Email	

C. RELATED CLAIMANT / TIMELY PROOF OF CLAIM

Identify the existing Claimant and timely Proof of Claim to which the new Claimant in Section B relates.

Claimant Name			
Prime Clerk Claim Number		Claimant ID	

D. HOW TO SUBMIT THIS FORM AND RELATED DOCUMENTS

Email this completed form to info@firevictimtrust.com. If you have questions about completing or submitting this form, call or email your designated Case Manager or info@firevictimtrust.com. For more information about the Fire Victim Trust, visit the official website at www.FireVictimTrust.com to read the Frequently Asked Questions, Trust Agreement, and Claims Resolution Procedures.

Person Completing Form		Completion Date	
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