Assignment of Claim Change Request Form

<u> </u>	Claim #:
Policy #:	Receiver Claim Number (RCN)/Suffix:
Claimant name (vou or vour fir	n's name) and address currently on file with Receiver:
Claimant Name:	
Address:	
City:	State: Zip:
changed to show that the person/ent including any future mailings and dis	irm are requesting that the Receiver's records for your claim be permane y entered below is the new owner of the title, interest and rights to your claibutions if they occur. Please note that no alterations can be made to the form can be obscured or redacted.
New Owner Name:	
Address:	
City:	State: Zip:
Phone #:	Email:
may differ from the amount ultimately amount may not be absolutely de acknowledge and represent that you condition of the estate of the claim	that it is your intent to sell your claim and that the purchase price of the claistributed in the Receivership proceeding with respect to the claim, and that sermined until the conclusion of the Receivership proceeding. You further your firm has adequate information concerning the business and finant the status of the Receivership proceeding to make an informed decisal you or your firm has independently made an analysis and decision to en
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may differ from the amount ultimately amount may not be absolutely de acknowledge and represent that you condition of the estate of the claim regarding the sale of the claim and the into the assignment. Please have your signature notarized in the discrete signature notarized in the following in the sale of the claim and the into the assignment. Please have your signature notarized in the following in the sale of the website: www. 2) Enter your name, phone in the following in the sale of the website: www. 2) Enter your name, phone in the following in the sale of the website: www. 2) Enter your name, phone in the following in the sale of the website: www. 3) Enter the following in the following in the sale of the website: www. 4) Provide any additional results in the following in the sale of the claim and the cl	istributed in the Receivership proceeding with respect to the claim, and that sermined until the conclusion of the Receivership proceeding. You furtor your firm has adequate information concerning the business and finant the status of the Receivership proceeding to make an informed decise at you or your firm has independently made an analysis and decision to end below and return this form and your supporting documentation as follow avatar-liquidation.com/electronicsubmissions number, and email address in the fields provided "Subject" field: Name/Address Change Request stes and/or comments in the "Message" field Iletted form and supporting documentation, and mail to: surance Company It referenced in the claimant name and address section of this form and/or mant's behalf. I further swear under penalty of law that all information contain are true and correct to the best of my knowledge. Relationship to Claimant
may differ from the amount ultimately amount may not be absolutely de acknowledge and represent that you condition of the estate of the claim regarding the sale of the claim and trinto the assignment. Please have your signature notariz 1) Go to the website: www. 2) Enter your name, phone 3) Enter the following in th. 4) Provide any additional r. 5) Attach your document(s. 6) Click "SEND" For paper mailing, include your come. Avatar Property & Casualty. 145 N. Mail Street. P.O. Box 519 Stuart, VA 24171 I swear or affirm that I am the claims authorized to sign this form on the claim and this form as well as all attachment.	istributed in the Receivership proceeding with respect to the claim, and that sermined until the conclusion of the Receivership proceeding. You furtor your firm has adequate information concerning the business and finant and the status of the Receivership proceeding to make an informed decise at you or your firm has independently made an analysis and decision to end below and return this form and your supporting documentation as follow avatar-liquidation.com/electronicsubmissions number, and email address in the fields provided "Subject" field: Name/Address Change Request stees and/or comments in the "Message" field letted form and supporting documentation, and mail to: surrance Company at referenced in the claimant name and address section of this form and/or mant's behalf. I further swear under penalty of law that all information contain are true and correct to the best of my knowledge.

Notary Signature

Assignment of Claim Instructions

Support documents, as specified below, <u>must_accompany</u> your request. The Receiver reserves the right to validate any change request received and may request additional information from you. Please contact us if you have questions by visiting the "Contact Us Form" in the <u>www.avatar-liquidation.com</u> website or you may call Consumer Services at 404-465-2814.

Assignments of claim will not be accepted after the distribution petition has been filed with the Court.

- Properly executed Assignment of Claim Change Request Form.
- Properly executed Claim Assignment Agreement.
- Forms must be signed and notarized with no information obscured, altered or redacted.
- If the claimant on file with the Receiver is not an individual, the change forms should be signed by an individual with the authority to sign on behalf of the company/corporation/Drs office etc. If it is not a listed officer on the Secretary of States filing, supporting documentation confirming the person is authorized to act on the claimant's behalf must be submitted.
- If the claimant name and/or address on file with the Receiver differs from the current claimant name and address, please visit www.avatar-liquidation.com/nameoraddresschange for forms and instructions. This information must also be submitted with the Assignment of Claim Change Request Form and Claim Assignment Agreement.