

# EXHIBIT

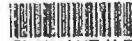
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**S F D C T**  
 SETTLEMENT FACILITY  
 DOW CORNING TRUST

P.O. Box 52429  
 Houston, Texas 77052

Telephone 713.874.6000  
 808.874.8090

Date



SID:

CLAIMANT / LEGAL REPRESENTATIVE  
 STREET ADD 1  
 STREET ADD 2  
 CITY, STATE, ZIP  
 COUNTRY

Re:

Subject: MISSING OR INVALID ADDRESS

Dear Claimant,

The Settlement Facility-Dow Corning Trust (SF-DCT) has address information for you that may not be valid. Correct address information is required before any claims can be processed or potential payments can be made. We are writing to you at this address in an attempt to locate you and confirm correct address information.

Please provide your current address and social security number on the attached Address Update/Correction Form and forward the information to:

SF-DCT  
 P.O. Box 52429  
 Houston, Texas 77052

NOTICE: This claim has been placed on Administrative Hold. If any payments are available, a stop payment has been placed on any outstanding checks and no additional processing will take place on this claim until the Address Update/Correction Form is returned. This step is necessary to ensure that you receive all communication related to your claims. After the Address Update/Correction Form is received and verified, the SF-DCT will reactivate the processing and review of your claims.

If the claimant listed above is deceased and you have the authority to act on behalf of the claim, please submit your contact information, a valid death certificate and any estate documentation you may have establishing your authority to act on behalf of the estate to the address listed above.

In order to be eligible for payment of settlement benefits, the claim must meet the definition of an eligible claim as set forth in Article V of Annex A. If your claim does not meet all of the listed criteria, you may not be eligible for payment. Additionally, please note that all deadlines for timely claimants to file a claim for benefits are linked to the Effective Date of the Plan - June 1, 2004. The SF-DCT cannot extend the deadlines listed below to file a claim.

Deadline	Benefit	Status
June 1, 2006	Deadline to submit Rupture claim	Expired
June 1, 2006	Deadline to submit Class 7 claim	Expired
June 1, 2006	Deadline to submit Class 9/10 claim	Expired
June 2, 2014	Deadline to submit Explant claim	
June 3, 2019	Deadline to submit Disease or Expedited Release claim	

For assistance or questions call the Claims Assistance Program at 1.888.8  
 Or go to [www.dcssettlement.com](http://www.dcssettlement.com) on the Internet

RS-1910

Please remember that you are responsible to notify your attorney and the SF-DCT of any future changes in your address or telephone number. If you have any questions regarding this matter, you may contact our Claims Assistance Program at 1.866.874.6099 or send an inquiry to [info@sfdct.com](mailto:info@sfdct.com).

Sincerely,

Settlement Facility - Dow Corning Trust

Enclosures: Address Update/Correction Form

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For assistance or questions call the Claims Assistance Program at 1.866.874.6099 (toll free)  
Or go to [www.dowsettlement.com](http://www.dowsettlement.com) on the Internet

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**ADDRESS UPDATE/CORRECTION FORM**

**ATTENTION: QUALITY MANAGEMENT DEPARTMENT**

**1. Complete, correct and update claimant information.**

<p>PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET.</p>	<p>PROVIDE UPDATES OR CORRECTIONS BELOW:</p>
1. SID #: _____	1. SID #: _____
2. Date of Birth: _____	2. Date of Birth: _____
3. Claimant's Name: _____	3. New Last Name: _____
4. Claimant's Address: _____	4. New Address: _____
5. Daytime Phone: (____) _____	5. New Daytime Phone: (____) _____
6. Evening Phone: (____) _____	6. New Evening Phone: (____) _____
7. Attorney's Name/Address/Phone/Fax: _____	7. New Attorney's Name/Address/Phone/Fax: _____

Social Security Number (Required for residents of the United States):

*For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.*

Please re-issue any outstanding payments that I may be eligible for in accordance with payment procedures

I declare under penalty of perjury that the information on this form is true, correct and complete to the best of my knowledge, information and belief.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature  
(Claimant or Court-Appointed Representative)

For assistance or questions call the Claims Assistance Program at 1.866.874.6309 (toll free)  
Or go to [www.dcgclaimant.com](http://www.dcgclaimant.com) on the Internet

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