

EXHIBIT E

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

P.O. Box 52429
Houston, Texas 77052

Telephone 713.874.6099
866.874.6099

April 15, 2015

1067559

SID: 1067559

BECNEL LAW FIRM, LLC
106 WEST SEVENTH STREET
PO DRAWER H
RESERVE, LA 70084
UNITED STATES OF AMERICA

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. After the Address Update/Correction Form is received and verified, the SF-DCT will reactivate the processing and review of your claims.

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, TX 77052. Please note that if the address above is correct, address confirmation is still required by returning a completed Address Update/Correction Form.

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.

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.

Settlement Facility - Dow Corning Trust

Current Claimant Address on File:

UNITED STATES OF AMERICA

Enclosure: Address Update/Correction Form

REMINDER: Pursuant to the Settlement Facility and Fund Distribution Agreement Article X Section 10.09, all funds in the Settlement Facility are in the custody of the Court until payment is sent to and cashed by the recipient. This means that although your claim was approved for a payment, those funds will not be held in reserve for you. Therefore, we encourage you to either (1) provide the documents necessary for the SF-DCT to issue your payment AND/OR (2) cash any check you receive within 180 days of its date of issuance.

For assistance or questions call the Claims Assistance Program at 1.866.874.6099 (toll free)
Or go to www.dcssettlement.com on the Internet

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

P.O. Box 52429
Houston, Texas 77052

Telephone 713.874.6099
866.874.6099

February 16, 2016

1067559

SID: 1067559

BECNEL LAW FIRM, LLC
106 WEST SEVENTH STREET
PO DRAWER H
RESERVE, LA 70084
UNITED STATES OF AMERICA

Claimant:
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. After the Address Update/Correction Form is received and verified, the SF-DCT will reactivate the processing and review of your claims.

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, TX 77052. Please note that if the address above is correct, address confirmation is still required by returning a completed Address Update/Correction Form.

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.

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.

REMINDER: Pursuant to the Settlement Facility and Fund Distribution Agreement Article X Section 10.09, all funds in the Settlement Facility are in the custody of the Court until payment is sent to and cashed by the recipient. This means that although your claim was approved for a payment, those funds will not be held in reserve for you. Therefore, we encourage you to either (1) provide the documents necessary for the SF-DCT to issue your payment AND/OR (2) cash any check you receive within 180 days of its date of issuance.

Settlement Facility - Dow Corning Trust

Enclosure: Address Update/Correction Form

CC:

For assistance or questions call the Claims Assistance Program at 1.866.874.6099 (toll free)
Or go to www.dcssettlement.com on the Internet

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

P.O. Box 52429
Houston, Texas 77052

Telephone 713.874.6099
866.874.6099

May 31, 2016

SID 1067559

BECNEL LAW FIRM, LLC
106 WEST SEVENTH STREET
PO DRAWER H
RESERVE, LA 70084
UNITED STATES OF AMERICA

Re:
Subject: MISSING OR INVALID ADDRESS

Dear Counsel:

The Settlement Facility-Dow Corning Trust (SF-DCT) has address information for the Claimant referenced above that is not valid. Correspondence sent to the Claimant in 2014 regarding payments is returned to the SF-DCT as undeliverable with no forwarding address available. At the time of the Claim payments you were the attorney of record. We have confirmed that the claim awards are cashed.

Disease Partial Premium Payment	December 11, 2014	\$2,000
Rupture Partial Premium Payment	July 15, 2014	\$2,500

As a result of the returned mail, the SF-DCT requires that the claimant complete and return the attached Address Update/Correction Form. Currently, the claim has been placed on Administrative Hold. Please note that if the Address Form is not returned, the claim may be deemed as abandoned, and closed.

Please have the claimant complete the attached Address Update/ Correction Form and forward the information to:

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

The SF-DCT can only accept this form from the claimant or the legally authorized representative. After the Address Update/Correction Form is received, and verified, the Administrative Hold will be removed.

If you were unable to locate the Claimant to distribute the Premium Payment awards, returning the amounts intended for this claimant, until current address information can be obtained, is required. Pursuant to the Settlement Facility and Fund Distribution Agreement Article X Section 10.09, all funds in the Settlement Facility are in the custody of the Court until the funds have actually been paid to and received by a Claimant.

If you have any questions regarding this matter, you may contact our Claims Assistance Program at 1.866.874.6099 or send an inquiry addressed to Quality Management at info@sfdct.com.

Enclosure:
Address Update/Correction Form

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

P.O. Box 52429
Houston, Texas 77052

Telephone 713.874.6099
866.874.6099

November 15, 2016

SID 1067559

BEKNEL LAW FIRM, LLC
106 WEST SEVENTH STREET
PO DRAWER H
RESERVE, LA 70084
UNITED STATES OF AMERICA

Re:

Subject: MISSING OR INVALID ADDRESS – Second Request

Dear Counsel:

The Settlement Facility-Dow Corning Trust (SF-DCT) has address information for the Claimant referenced above that is not valid. Correspondence sent to the Claimant in 2014 regarding payments is returned to the SF-DCT as undeliverable with no forwarding address available. At the time of the Claim payments you were the attorney of record. We have confirmed that the claim awards are cashed.

Disease Partial Premium Payment	December 11, 2014	\$2,000
Rupture Partial Premium Payment	July 15, 2014	\$2,500

As a result of the returned mail, the SF-DCT requires that the claimant complete and return the attached Address Update/Correction Form. Currently, the claim has been placed on Administrative Hold. **Please note that if the Address Form is not returned, the claim may be deemed as abandoned, and closed.**

Please have the claimant complete the attached Address Update/ Correction Form and forward the information to:

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

The SF-DCT can only accept this form from the claimant or the legally authorized representative. After the Address Update/Correction Form is received, and verified, the Administrative Hold will be removed.

If you were unable to locate the Claimant to distribute the Premium Payment awards, returning the amounts intended for this claimant, until current address information can be obtained, is required. Pursuant to the Settlement Facility and Fund Distribution Agreement Article X Section 10.09, all funds in the Settlement Facility are in the custody of the Court until the funds have actually been paid to and received by a Claimant.

If you have any questions regarding this matter, you may contact our Claims Assistance Program at 1.866.874.6099 or send an inquiry addressed to Quality Management at info@sfdct.com.

Enclosure:
Address Update/Correction Form

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

P.O. Box 52429
Houston, Texas 77052

Telephone 713.874.6099
866.874.6099

May 18, 2017

SID 1067559

BECNEL LAW FIRM, LLC
106 WEST SEVENTH STREET
PO DRAWER H
RESERVE, LA 70084
UNITED STATES OF AMERICA

_____ **Claimant:**

REQUEST FOR VERIFICATION OF CLAIMANT ADDRESS

FINAL NOTICE

_____ Dear Counsel:

_____ Correspondence mailed to the claimant by the Settlement Facility-Dow Corning Trust (SF-DCT) regarding the breast implant Claim payments referenced below was returned undeliverable, with no available forwarding address. As a result of this returned mail, the claim is now on HOLD until we can confirm that we have located either the claimant or, if the claimant listed above is deceased, the person with the authority to act on behalf of the claim. The SF-DCT has previously sent written requests that an Address Update /Correction Form be completed and returned; however, a Form meeting SF-DCT requirements has not been received.

_____ At the time of the Claim payments you were the attorney of record. We have confirmed that the claim awards are cashed; therefore, it is reasonable to assume that current address information is available.

Disease Partial Premium Payment	December 11, 2014	\$2,000
Rupture Partial Premium Payment	July 15, 2014	\$2,500

Please note that address confirmation is required to remove the HOLD on the Claim. This can only be accomplished by returning a completed **Address Update/Correction Form**, signed by the claimant or the estate representative. You cannot complete this Form for the Claimant. **In the next 30 days, no later than June 19, 2017** please have the claimant complete the attached Address Update/ Correction Form and forward the information to:

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

If you were unable to locate the Claimant to distribute the Payment awards, returning the amounts intended for this claimant, until current address information can be obtained, is required. Pursuant to the Settlement Facility and Fund Distribution Agreement Article X Section 10.09, all funds in the Settlement Facility are in the custody of the Court until the funds have actually been paid to and received by a Claimant.

If you have any questions regarding this matter, you may contact our Claims Assistance Program at 1.866.874.6099 or send an inquiry addressed to Quality Management at info@sfdct.com.

Enclosure:
Address Update/Correction Form

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