EXHIBIT G



April 16, 2015

Telephone 713.874.6099 866.874.6099

1000877

SID: 1000877

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

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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 <u>address</u> and <u>social security number</u> 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 <u>Address Update/Correction Form</u>.

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 <u>and</u> cashed by the recipient. This means that although your claim was approved for a payment, those funds <u>will not be held in reserve for you</u>. 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.



February 04, 2016

Telephone 713,874,6099 866,874,6099

1000877

SID: 1000877

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

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Settlement Facility - Dow Corning Trust

Enclosure: Address Update/Correction Form

CC:



September 19, 2016

Telephone 713.874.6099 866,874,6099

1000877

SID: 1000877

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

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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.

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IMPORTANT: CLASS 7 CLAIMANTS:

Pursuant to the Consent Order to Establish Guidelines for Distributions From the Class 7 Silicone Material Claimants' Fund, you must return the enclosed Address Update Correction form within 90 days from the date of this notice. After 90 days from this final notice, your claim will be permanently closed and no funds will be placed in reserve for you.

Settlement Facility - Dow Corning Trust

Enclosure: Address Update/Correction Form

CC:



DOW CORNING TRUST

Telephone 713.874.6099 866.874.6099

November 26, 2016

SID 1000877

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

| Re: ESTATE OF | i. | |
|--|---|--|
| Subject: MISSING OR INVALID | D ADDRESS | |
| Dear Counsel: | | |
| The Settlement Facility-Dow Corning Tru representative, , which is was returned to the SF-DCT as undelive payments, you were the attorney of reco | not valid. Correspondence se rable with no forwarding addre | nt in 2014 regarding Premium Payments ss available. At the time of the Claim |
| The SF-DCT requires correct address in can be made. Please provide the address | formation before any claims ca ss used to distribute the Premi | an be processed or potential payments um Payments in 2014. |
| Disease Partial Premium Payment | December 11, 2014 | \$500 |

As a result of the returned mail, the SF-DCT requires that <u>Representative</u> 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 will 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 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 Representative 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



March 7, 2017

Telephone 713.874,6099 866.874,6099

SID 1000877

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

| | Re: ESTATE OF , Subject: MISSING OR INVALID | D ADDRESS – Second | Request |
|---|---|---|--|
| | Dear Counsel: | | |
| 4 | The Settlement Facility-Dow Corning Tre representative, which is was returned to the SF-DCT as undelive payments, you were the attorney of reco | s not valid. Correspondence se erable with no forwarding addre | nt in 2014 regarding Premium Payments ss available. At the time of the Claim |
| | The SF-DCT requires correct address in can be made. Please provide the address | | |
| | Disease Partial Premium Payment | December 11, 2014 | \$500 |

As a result of the returned mail, the SF-DCT requires that <u>Representative</u> 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 will be deemed as abandoned, and closed.

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If you were unable to locate the Representative to distribute the Premium Payment awards, returning the amounts intended for this claimant, until current address information can be obtained, <u>is required</u>. 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



May 11, 2017

Telephone 713.874.6099 866.874.6099

SID 1000877

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

FOTATE OF

| Subject: MISSING OR INVALI | FINAL NOTICE | |
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| Dear Counsel: | | |
| Correspondence sent to the Claimant's SF-DCT as undeliverable with no forwanew address; however, our efforts have were the attorney of record. We have contact the second of the cord of t | arding address available. The S e not proved to be successful. | At the time of the Claim payment you |
| Disease Partial Premium Payment | December 11, 2014 | \$500 |
| Please note: This is the final reques 14 days, no later than May 31, 2017. Address Update/ Correction Form and | Please have the claimant's Es | natter. Please respond within the next tate Presentative complete the attached |
| SF-DCT | | |
| P.O. Box 52429 | | |
| Houston, Texas 77052 | | and the second s |
| The SF-DCT can only accept this form Update/Correction Form is received, a | from the legally authorized reputed not be in the legally authorized reputed reput | oresentative. After the Address Hold will be removed. |
| If you were unable to locate the Clai amounts intended for this claimant, Pursuant to the Settlement Facility a in the Settlement Facility are in the | mant to distribute the Premi until current address inform and Fund Distribution Agree | um Payment awards, returning the lation can be obtained, <u>is required</u> . ment Article X Section 10.09, all fund |

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:

received by a Claimant.

Address Update/Correction Form