

## Revised Payment Instructions for Receipt of Reserve Check Change of Address

Please list each claim number for which you are requesting a change. The change you request will only be made to the specific claims you list on this form:

Claimant Name: \_\_\_\_\_  
Station Number(s): \_\_\_\_\_  
Claim Number(s): \_\_\_\_\_

I have changed my address and/or telephone number since I submitted my Payment Instructions for Receipt of Reserve Check. Please change my information as follows. (You **MUST** check **ONE AND ONLY ONE** of the boxes below. Be sure to sign and print your name and have the form notarized where indicated at the bottom of the page.):

**Option 1.** Please mail my reserve check to the address I list here and also permanently change my address and telephone number for all future correspondence in this case.

Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

OR

**Option 2.** Please mail my reserve check to the address I list here. This address should only be used for the mailing of my reserve check. Please do not change my address for future correspondence in this case.

Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

YOU **MUST** SIGN AND PRINT YOUR NAME IN THE PRESENCE OF A NOTARY AND HAVE THIS FORM NOTARIZED. PLEASE ENSURE THAT THE NOTARY AFFIXES THE REQUIRED STAMP OR SEAL AND THAT THE NOTARY'S COMMISSION HAS NOT EXPIRED.

SIGN NAME HERE: \_\_\_\_\_

PRINT NAME HERE: \_\_\_\_\_

TITLE (FOR OFFICERS OF CORPORATE ENTITIES): \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_, 2009, \_\_\_\_\_ appeared before me, who is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to on these Payment Instructions, and who acknowledged to me that he/she executed the same in his/her authorized capacity.

Notary: \_\_\_\_\_

My commission expires \_\_\_\_\_

**SEE ATTACHED PAGE FOR MAILING ADDRESS**

**Please submit this form to one of the addresses listed below.**

**Mailing address for regular mail:**

**Exxon Dealer Class Action  
c/o The Garden City Group, Inc.  
Claims Administrator  
PO Box 9000 #6065  
Merrick, NY 11566-9000  
(888) 769-7759**

**Mailing address for overnight mail:**

**Exxon Dealer Class Action  
c/o The Garden City Group, Inc.  
Attn: Deo Sooknauth  
105 Maxess Road  
Melville, NY 11747  
(888) 769-7759**