

C. CLAIMANT AND FAMILY MEMBER INFORMATION

In the section below, you must state: (A) your name or the name of the family member who relied on your subsistence activities; (B) age at the time that your losses began; (C) gender; (D) Social Security Number; and (E) percent of your or your family member's total diet provided by your subsistence activities. The Claims Administrator will not pay consumption losses in excess of 45% of a claimant or a family member's diet. The Claims Administrator determined that 45% is the maximum reasonable percentage a claimant may claim to have come from subsistence activities. Example: If you could not harvest Seafood or Game beginning on 4/20/10, you were 50 years old on that date and 20% of the food you eat comes from your harvests, you would complete the table as seen in the example below.

| | A. Name | B. Age | C. Gender | D. Social Security Number | E. Percent of Diet From Subsistence Activities (Maximum Allowable 45%) |
|------------|-----------------|-----------|--|---------------------------|--|
| EX. | John Doe | 50 | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | 123-45-6789 | 20% |
| 1. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| 2. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| 3. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| 4. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| 5. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| 6. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| 7. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| 8. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| 9. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| 10. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |

D. SIGNATURE

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Interview Form (and in any pages I have attached to or submitted with this Interview Form to provide additional information requested in this Interview Form) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Interview Form and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Interview Form may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

An attorney may sign the claimant's name on this Interview Form if the claimant has authorized the attorney in a Power of Attorney Agreement, a retainer agreement, or other document signed by the claimant in which the claimant has authorized the attorney or law firm to pursue claims for the claimant arising out of the Deepwater Horizon Incident. If the attorney chooses this option, the attorney must either submit, or have already submitted, a PDF of the signed authorization from the claimant before the signature can be accepted. If the attorney does not have a signed authorization from the claimant, the attorney may use the Power of Attorney Form created by the Claims Administrator for this purpose (POA-1), which is available using the Forms section of the website, www.deepwaterhorizonsettlements.com.

As the authorized attorney, by signing below, you are certifying that you have the required written authorization from the claimant to pursue claims for the claimant arising out of the Deepwater Horizon Incident on their behalf and have submitted this authorization.

| | | |
|--|--|---|
| Claimant Signature Date Signed: | <p>_____/_____/_____ (Month/Day/Year)</p> | <p>_____ Signature</p> <p>_____ Name (Printed or Typed)</p> |
| Attorney Signature Date Signed: | <p>_____/_____/_____ (Month/Day/Year)</p> | <p>_____ Signature</p> <p>_____ Name (Printed or Typed)</p> |