



### Declaration of Representative

#### DECLARATION FOR CLAIMED ASSET UNDER PENALTY OF PERJURY

**Instructions:**

- 1. Complete and return this form only if you are acting as a representative of a Class Member.
- 2. If you are not acting in a representative capacity on behalf of a minor, decedent or incompetent, you do not need to complete this form.
- 3. Provide full and complete contact information.
- 4. Sign and date the declaration and return along with the Proof and Claim Form and Release to the address listed on page 2.

First Name

M.I.

Last Name

hereby declares:

1. The following is set forth of my own personal knowledge, and if called upon to testify thereto, I could do so competently.

2. The Class Member I represent is:

First Name

M.I.

Last Name

3. Fill in the applicable circle(s). The Class Member I represent is:

- A Minor
- Deceased
- An Incompetent

**Please note: If you are not acting in a representative capacity on behalf of a minor, decedent or incompetent, you do not have to complete this form.**

4. Fill in the applicable circle(s). The legal capacity in which I serve as a representative of this class member is:

- Executor/Administrator/Personal Representative of a decedent's estate;
- Court-Appointed Guardian for a person declared mentally incompetent;
- Court-Appointed Conservator for person declared physically or mentally impaired;
- Court-Appointed Guardian or custodial parent of a minor child, presently under 19 years of age
- Other

5. To the best of my knowledge, the Class Member  did or  did not file a claim in 1999 in the MedPartners Securities Litigation Settlement as defined in the Stipulation and Agreement of Settlement.

6. The Class Member held title to the securities

- in his/her name.
- under the following name:

First Name

M.I.

Last Name



7. No other party can claim a superior right to the interest of the Class Member in the MedPartners Securities Litigation Settlement or this current lawsuit.

**I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.**

\_\_\_\_\_  
Dated:

\_\_\_\_\_  
Signed:

\_\_\_\_\_  
(Capacity of person(s) signing, e.g.,  
Beneficial Purchaser or Acquirer, Executor or Administrator)

**Reminder Checklist:**

1. Please sign the above declaration and mail with proof of claim form.
2. If this claim is being made on behalf of joint claimants, then each claimant must submit a declaration along with any supporting documentation.
3. Keep a copy of your claim form and all supporting documentation for your records.
4. It is claimant's responsibility to notify the Claims Administrator of any subsequent address changes at the address listed below.
5. **Do not use red pen or highlighter** on the declaration or any supporting document.

*AIG-Caremark Class Action*  
Claims Administrator  
c/o Gilardi & Co. LLC  
P.O. Box 8040  
San Rafael, CA 94912-8040  
Toll Free: 1-888-564-1149  
Email: [info@aig-caremarkclassaction.com](mailto:info@aig-caremarkclassaction.com)

