

Scouting Settlement Trust (“Trust”) Authorized Representation Attorney Attestation Form (Teal Form)

Authorized Representation Attorney Attestation Form

This form should be used to Notify the Trust that you are the attorney for an Authorized Representative who is pursuing an Abuse Claim on behalf of a Claimant.

Once completed, please upload this form to the Portal via the “Documents” tab for the claim and notify us via email at info@scoutingsettlementtrust.com.

This form must be submitted to the Trust prior to the Authorized Representative and their attorney signing the Claims Questionnaire.

For the Attorney Submitting on Behalf of an Authorized Representative for a Claimant. The Claimant is the person who experienced childhood sexual abuse. If the Claimant is deceased, or is a minor, or is legally incapacitated, or gave to another the legal power to speak for the Claimant, then the Claimant or the Claimant’s estate will have some type of Authorized Representative. Please complete each sections for the Claimant and the Authorized Representative.

Claimant Information*

Claimant Full Legal Name *	First Name	Middle Name	Last Name
SST Claim ID	SST Claim ID Number (if known) SST- _____	Claim Type * (Choose one)	<input type="checkbox"/> Expedited Claim Submission <input type="checkbox"/> Trust Claim Submission <input type="checkbox"/> Independent Review Option

Authorized Representative to an Abuse Claim

Please fill out the below information about who is the Authorized Representative of the Claimant

Authorized Representative Full Legal Name *	First	Middle	Last
Representative's Contact Information *	Phone	<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home	
	Alt. Phone	<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home	
	Email		
Representative's Address *	Street/P.O. Box		Apt./Suite
	City	State	
Representative's Preferred Method of Contact *	<input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Phone Call		

Authorized Representative's Relationship to the Claimant

The Authorized Representative has legal documents that establish their authority to act on behalf of the Claimant.

You, as their attorney, have a duty to review those documents, confirm their veracity, and maintain official copies of those documents. This duty includes ensuring that the Authorized Representative has the authority to act on behalf of the Claimant under the applicable state law, including confirming:

1. That their authorization does not have any limitations that will impact their authority in this matter (e.g., expiration date, dollar threshold); or,
2. That if there is a limitation as to the value of the decedent's estate under applicable state law, you, as their attorney, will not accept any distribution on behalf of the estate that would cause the value of the estate to exceed the applicable state law limitation. If the estate becomes entitled to a Trust distribution that would cause the value of the estate to exceed the applicable state law limitation, you, as their attorney, **MUST** (i) notify the Trust that the authorization on file does not extend to further distributions from the Trust, and (ii) inform the Trust of arrangements being made, if any, to obtain and present to the Trust further documentation demonstrating the client's authority to accept further distributions from the Trust. Failure to provide this documentation will constitute a waiver of the client's right to receive further distributions from the Trust.

You must make the authorization documents available for inspection if requested by the Trust.

If an Authorized Representative's authority changes, you have an affirmative duty to inform the Trust.

What documentation do you have that demonstrates the Authorized Representative's legal authority?
(please check at least one box)*

- ☐ Death Certificate and either Letters Testamentary, Letters of Administrator, or Letter of Representation
- ☐ Death Certificate and Small Estate Affidavit
- ☐ Power of Attorney
- ☐ Birth Certificate (for minor Claimants only)
- ☐ Other: _____

What is the source of authority for this documentation? (e.g., name and date of court order, citation to applicable state statute, name of issuing agency, etc.)

I attest that I have conducted research, validated the documents, and have determined that the Authorized Representative has the legal authority under applicable state law to act on behalf of Claimant, as demonstrated in the documents I have in my possession and which are available for inspection.

If the authorization I have in my possession includes a dollar limitation, I agree to notify the Trust immediately if any distributions from the Trust will cause the estate to exceed the dollar limitation and invalidate the legal authority of the representative. I agree to inform the Trust of arrangements being made, if any, to obtain and present to the Trust further documentation demonstrating the client's authority to accept further distributions from the Trust. I acknowledge that failure to provide this additional documentation will constitute a waiver of the client's right to receive further distributions from the Trust.

I agree to defend, indemnify, and hold harmless the BSA Settlement Trust against all claims arising from or related to any disputes related to the Authorized Representative's authority over Claimant's claim and to satisfy any judgment resulting from, or settlement of, any such disputes.

Attorney Name:

Law Firm Name:

Attorney Signature *

Date of Signature *

____/____/____
(MM/DD/YYYY)