



**It is very important that Regions' records of your address and potential Account Successor status remain current. It is your responsibility, now and in the future, to provide written notice to Regions (using the contact information provided below) of any changes. Should you be an Account Successor of the Affected Account, failure to provide the information requested by this Notice and the attached Information Form could cause payments to Account Successors of any money recovered on behalf of the Affected Account to be misdirected or permanently lost.**

**ADDITIONAL INFORMATION AND QUESTIONS**

Copies of the Order referenced in this Notice may be obtained from the Settlement Administrator, Garden City Group ("GCG"), by contacting GCG as indicated below, or on GCG's website: <http://www.choosegcg.com/cases-info/rnx/>. Additional information can also be obtained on GCG's website or by calling GCG at 877-940-9475 or emailing GCG at [RegionsBankTALSettlement@gardencitygroup.com](mailto:RegionsBankTALSettlement@gardencitygroup.com)

**Questions about this Notice or the attached Information Form should be directed to Regions' counsel. Also, additional copies of the Information Form may be obtained by contacting Regions' counsel, whose mailing address, telephone number, and email address are as follows:**

Regions Trust Account Updates  
c/o Maynard, Cooper & Gale, PC  
1901 6<sup>th</sup> Avenue North, Suite 2400  
Birmingham, AL 35203  
Phone: 855.501.9793  
Email: [Updates@maynardcooper.com](mailto:Updates@maynardcooper.com)

Please do not contact the Court directly.

Done and ordered July 14, 2014, as supplemented  
January 28, 2015, as amended July 12, 2017  
**SHERRI FRIDAY**, Probate Judge

**POTENTIAL ACCOUNT SUCCESSOR INFORMATION FORM - Return promptly to:**

**Regions Trust Account Updates  
c/o Maynard Cooper & Gale, P.C.  
1901 Sixth Avenue North, Suite 2400  
Birmingham, AL 35203  
Phone: 855.501.9793  
Email: [Updates@maynardcooper.com](mailto:Updates@maynardcooper.com)**

**It is your responsibility, now and in the future, to notify Regions (using the contact information provided above) of any changes in your address or potential Account Successor status. Should you be an Account Successor of the Affected Account, failure to provide the information requested by the attached Notice and this Information Form could cause payments to Account Successors of any money recovered on behalf of the Affected Account to be misdirected or permanently lost.**

**Information about the former Regions Account (“Affected Account”):**

*Name of Account*

*Account Number*

**Information about the Person Submitting this Form as Potential Account Successor:**

*Your Name (and entity name if an institutional trustee or other entity)*

*Potential Account Successor status (according to information received by Regions, this may be your potential Account Successor status with respect to this Affected Account, which you must confirm):*

*Street Address*

*City, State and Zip Code*

\_\_\_\_\_  
*Daytime Telephone Number*

\_\_\_\_\_  
*E-mail Address*

\_\_\_\_\_  
*Social Security or Taxpayer Identification Number*

Please complete the telephone number, e-mail address, and SSN/TIN lines.

If you believe that any of the above information is or may be incorrect, please mark through the information provided and print any corrections. If you believe that all of the above information is currently complete and correct, please check here , sign and date below, and return this Form to Regions at the mailing address or email address provided above.

You should be prepared to present necessary documentation of your status as a potential Account Successor to Claims Administrators or Settlement Administrators.

***Please Note:*** If you are not a potential Account Successor of the Affected Account identified in this Form, or if you received the attached Notice and this Form on behalf of a person who has died or become incompetent or is otherwise unavailable for some reason, then please update the potential Account Successor information by making

**INFORMATION ONLY – DO NOT USE. Request the form specific to the Affected Account from Maynard Cooper & Gale, P.C. at (855) 501-9793 or [Updates@maynardcooper.com](mailto:Updates@maynardcooper.com).**

changes on this Form as provided in the preceding paragraph and return the form to Regions (using the contact information provided above).

**A pre-addressed, postage pre-paid envelope is enclosed for your use in returning this Form, or you may email the Form to [Updates@maynardcooper.com](mailto:Updates@maynardcooper.com).**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name printed if different from name shown above*

DO NOT USE