

**NGC Bodily Injury Trust**  
**Claimed Dependents Form**

Please provide the following information for dependents claimed by the Injured Party (“IP”). This number must be consistent with the number of dependents claimed on the IP’s federal tax return for the year prior to the filing date of this claim.

For each dependent:

Name of Dependent [1]	Date of Birth	Relationship to Injured Party

NOTE: [1] Do not include heirs, children or others who are no longer dependents for federal tax purposes.

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

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Claimant or Claimant Representative

\_\_\_\_\_  
Printed Name of Claimant or Claimant Representative