

Scouting Settlement Trust Additional Information Request Form

Instructions

The Scouting Settlement Trust (“Trust”) has received your Trust (“Matrix”) Claim Submission and reviewed the information that was provided in support of your claim. To continue the evaluation of your claim, we require additional information (detailed below).

- **You must respond to all the request(s) for additional information listed here within 30 days of the date of this notification.**
- **Your response must be specific to the facts of your claim.** Generic “boilerplate” responses that do not explicitly address the facts of the claim are insufficient.

If the Trust does not receive a complete and timely response referencing facts specific to your claim, your claim will be evaluated based on the previously submitted information. In many cases, this will result in a lower allowed claim amount or the disallowance of your claim.

A Claimant’s attorney may sign this form under certain conditions (see the signature block at the end of the form for details). **If the attorney signs instead of the Claimant, the Claimant will be required to attest that the information included in this form is true and correct prior to payment of the initial distribution.**

To respond to this request, complete this Additional Information Request Form. Once complete, upload the signed and completed form to the Documents Tab. Then, select the "Response Complete" button on the Correspondence tab to return the claim to the Trust's review. Once you select "Response Complete" you cannot upload any additional information to the claim. If responding in hard copy, mail the completed form to Scouting Settlement Trust, P.O. Box 50157, McLean, VA 22102. The form must be postmarked within 30 days of the date of this notification.

Review of your claim will resume once the Trust receives your response to this Additional Information Request. The sooner you respond to this Additional Information Request, the sooner the Trust can resume processing your claim.

Claim Number and Claimant Name			
Claim SST ID *	Claim ID Number (SST-XXXXXX) SST-323845		
Claimant Name*	First Name Marc	Middle Initial S	Last Name Beilin
			Suffix

* Required

Additional Information Request(s)
<p>1. MATERIAL DISCREPANCIES BETWEEN PROOF OF CLAIM (POC) AND CLAIMS QUESTIONNAIRE (CQ). Explain the discrepancies between the CQ and the last POC submitted to the Bankruptcy Court before the publication of the Trust Distribution Procedures (TDP) on April 13, 2021 (See DOC-136753 on the Documents Tab for a copy of this POC).</p> <p>a. Number of abusers involved in the abuse. The POC indicated you were abused by one abuser. The CQ indicated you were abused by more than one abuser.</p> <p>i. Why did you claim a different number of abusers on the CQ than on the POC? In your explanation, describe, in detail, any specific events, circumstances, or new information that caused you to claim a different number of abusers on your CQ than your POC.</p> <p>2. Type of Abuse Clarification. The narrative description of the abuse does not discuss the most severe abuse type you allege in Section K of the Claims Questionnaire (CQ), Masturbation.</p> <p>a. To help us better understand the abuse you suffered, please confirm whether your abuse included Masturbation. If so, please explain the facts and circumstances about the Masturbation abuse.</p> <p>b. Please explain why you did not include the most severe type of abuse, Masturbation, in your original CQ narrative.</p>

Signature

If signed by Claimant or Legally Authorized Representative: I have reviewed all of the information that I am providing in this Additional Information Request form, and I declare under penalty of perjury that I have personal knowledge of the information provided and that the information is complete, true and correct.

If signed by Attorney: As the Claimant's attorney, I:

- 1) represent that I provided the specific questions asked above to the Claimant and discussed those specific questions with the Claimant;
- 2) declare under penalty of perjury that the information provided herein is the information given to me by the Claimant to submit to the Trust in response to the Trust's specific questions; and
- 3) have investigated this Claim and based on that investigation, I have no reason to believe that the information provided herein by the Claimant is incorrect, incomplete, or misleading.

Claimant, Legally Authorized Representative or Attorney Signature*



Date*

February 05, 2026

<Month / Day / Year>

Printed Name*

First

Marc

Middle Initial

Last

Beilin

Suffix



Signature Process Reference: 0c2afacd-4ee8-482d-87c8-dd5bd3ea70c9

PARTICIPANT

DETAILS

	Process started 05-Feb-2026 2:58 PM EST
Marc Beilin marcevybeilin@yahoo.com IP Address: 72.208.81.72	Document viewed 05-Feb-2026 3:29 PM EST Reference ID: 21197751-0486-4e70-acad-da2920e6bacf
Marc Beilin marcevybeilin@yahoo.com IP Address: 72.208.81.72	Document accepted & signed 05-Feb-2026 3:35 PM EST Reference ID: 21197751-0486-4e70-acad-da2920e6bacf
	Document has been completed 05-Feb-2026 3:35 PM EST
