

**AGWAY LIQUIDATING TRUST ADDRESS CHANGE REQUEST FORM/CHECK
REISSUANCE AND REMAILING FORM**

**PRE-EXISTING NAME AND ADDRESS RECORD
(THIS MUST BE FILLED OUT IN ALL CASES)**

**NEW ADDRESS RECORD (COMPLETE ONLY IN
CASE OF ADDRESS CHANGE)**

ITEM A

Name _____	Address _____
Address _____	Address _____
Address _____	City _____ State _____ Zip _____
City _____ State _____ Zip _____	Country _____
Country _____	Note: By completing the lines above, you are authorizing DRX Distribution Management, Inc. to update its records with the new address information provided for the purpose of making distributions. You must also complete the certification below if you are requesting an address update.

ITEM B

You may use this form to update the mailing address used for the delivery of your distribution checks. When completed, this form should be sent to the address appearing on the right:

DRX Distribution Management, Inc.
ATTN: Distribution Department
PO Box 2034, Murray Hill Station
New York, NY 10156

DO NOT USE THIS FORM TO CHANGE THE REGISTRATION (THE CLAIMANT'S NAME) OF YOUR CLAIM. YOU MUST REQUEST A CHANGE OF REGISTRATION FORM FOR THAT PURPOSE. IF THIS FORM IS NOT PROPERLY FILLED OUT, YOUR REQUEST WILL NOT BE PROCESSED.

CREDITOR NUMBER: _____ CHECK NUMBER: _____ DAYTIME PHONE NUMBER: _____

Your Creditor Number and Check Number appear on your check stub

PLEASE NOTE: you must complete one form for each claim you have or for each check that was mailed.

ONLY CHECK ONE ITEM BELOW (if applicable)

- Please re-mail or reissue the above referenced check in accordance with Agway's *Second Amended Joint Plan of Liquidation Under Chapter 11 of the Bankruptcy Code* by the next Subsequent Distribution Date to the appropriate address listed above.
- No distribution was made on behalf of the class 4C claim indicated above as the distribution amount did not exceed the \$100 deminimus. Please produce a check for the deminimus amount and mail by the next Subsequent Distribution Date to the appropriate address listed above.

CERTIFICATION

If you are using this form to request an address update, you must complete and sign the following certification:

By signing below, the undersigned is certifying that (a) the undersigned is the individual or one of the individuals identified in ITEM A on the front side of this form, or that the undersigned has the appropriate authority to effect the change of address indicated hereon on behalf of the entity identified in ITEM A, and (b) the address indicated in ITEM A is either the current mailing address or a former mailing address of the entity indicated therein.

SIGNATURE: _____

DATE: _____

NAME: _____

TITLE: _____