

**Broker Information Update Form**

**In re Lyondell Chemical Company, et al.  
Chapter 11, Case No. 09-10023-REG**

**Instructions:** If your broker information has changed since you have submitted the “Broker Information Form,” please fill out and submit this Broker Information Update Form. Please complete Item 1 below, and request that your broker complete Item 2 below, provide a Medallion Stamp Guarantee, and return this Broker Information Update Form to the Lyondell Creditor Representative/Trustee pursuant to the Return Instructions below.

**Item 1: Beneficiary Information**

|                                 |  |  |  |
|---------------------------------|--|--|--|
| Name(s):                        |  |  |  |
| Address:                        |  |  |  |
| Telephone:                      |  |  |  |
| E-Mail:                         |  |  |  |
| Taxpayer Identification Number: |  |  |  |
| Contact name (if applicable):   |  |  |  |

**Item 2: Broker Information**

|  |  |                       |  |
|--|--|-----------------------|--|
| DTC Number:                                  |  | DTC Participant Name: |  |
| Authorized Employee Name at DTC Participant: |  |                       |  |
| Telephone:                                   |  |                       |  |
| Address:                                     |  |                       |  |
| E-Mail:                                      |  |                       |  |
| Account Name:                                |  |                       |  |
| Account Number:                              |  |                       |  |

**Medallion Stamp:**

By signing below, I hereby acknowledge that the information provided in this Broker Information Update Form is true and correct to the best of my knowledge.

\_\_\_\_\_  
*(Beneficiary Signature)*

Name:

SIGNATURE GUARANTEED

By: \_\_\_\_\_  
THE SIGNATURE(S) SHOULD BE GUARANTEED  
BY AN ELIGIBLE GUARANTOR INSTITUTION.  
(Banks, Stock Brokers, Savings and Loan Associations,  
and Credit Unions) WITH MEMBERSHIP IN AN  
APPROVED SIGNATURE GUARANTEE MEDALLION  
PROGRAM PURSUANT TO S.E.C. RULE 17Ad-15.

**Return Instructions:**

Please deliver this Broker Information Update Form via facsimile transmission or email, and the original by U.S. mail to the following address:

LB Trust  
c/o Kurtzman Carson Consultants  
2335 Alaska Ave.  
El Segundo, CA 90245  
Email: [lbtrust@kccllc.com](mailto:lbtrust@kccllc.com)  
Fax: (310) 751-1866

**For assistance, please contact the Administrator for the Lyondell Creditor Representative/Trustee as follows:**

**Craig R. Jalbert  
Verdolino & Lowey, P.C.  
Phone: 508-543-1720**

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