

**EXHIBIT K: AUTHORIZATION LETTER**

[Date]

[Claims Administrator], as Claims Administrator  
[Address]  
[Address]

To the Claims Administrator:

Reference is made to Paragraph 11.6.2 of the Class Action Settlement Agreement, dated as of June 30, 2023, by and among (i) Class Representatives, individually and on behalf of the Settlement Class Members, by and through Class Counsel, and (ii) defendants The Chemours Company, The Chemours Company FC, LLC, DuPont de Nemours, Inc., Corteva, Inc., and E.I. DuPont de Nemours and Company n/k/a EIDP, Inc. (the "Agreement"). Capitalized terms used but not defined herein shall have the meaning ascribed to them in the Agreement.

The undersigned Settlement Class Member (the "Member") acknowledges that its right to receive any Allocated Amount is conditioned on providing the Claims Administrator with certain documentation specified in Paragraph 11.6.2 of the Agreement.

The undersigned Member hereby authorizes and instructs the Claims Administrator to prepare, on behalf of such Member, with respect to each Settling Defendant: (i) a duly completed and executed IRS Form 1098-F (or other information return that may be required pursuant to Treasury Regulations Section 1.6050-X-1(a)(1)) setting forth all required information relating to such Member, and (ii) a duly completed written statement that satisfies the requirements of Treasury Regulations Section 1.6050X-1(c) (collectively, the "Tax Documents"). The undersigned Member further instructs the Claims Administrator to prepare such Tax Documents in a manner fully consistent with Paragraph 11.5.2 of the Agreement, including by reporting such Member's portion of the Restitution Amount as "Restitution/remediation amount" in Box 3 of IRS Form 1098-F.

The undersigned Member hereby authorizes and instructs the Claims Administrator to file such IRS Forms 1098-F (or other information return that may be required pursuant to Treasury Regulations Section 1.6050-X-1(a)(1)) with the IRS and to provide such written statement to each Settling Defendant, in each case, on such Member's behalf.

The undersigned Member hereby acknowledges that (i) the Claims Administrator shall not be responsible for any tax or other liability related to the collection or reporting of this information on such Member's behalf, and (ii) nothing herein shall relieve the Member of any obligation under the Settlement Agreement or applicable law.

[SETTLEMENT CLASS MEMBER]

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_