ACandS Asbestos Settlement Trust - Claim Form -

General Instructions for filing this Claim Form:

This claim form must be completed as thoroughly as possible to ensure prompt resolution of claims; submitting an incomplete form may result in delays in processing, and/or the Trust may not be able to assign the claim a position in the first-in-first-out (FIFO) processing queue. Please type or print neatly within the spaces provided. If additional space is required to provide all relevant information, please attach additional copies of the relevant section of this form.

Check the box next to the review election which best suits the injured party's situation:								
☐ Expedited ☐] Individualiz	red [] Extra	ordinary	☐ Se	econdary Exp	osur	e
If requesting exigent trea	atment, che	ck here:	[☐ Exigent Ha	ardship			
Law Firm's matter number for this claim:								
Section 1: Injured Party	Information	1						
Last Name		First Name				Middle Name		Suffix
Social Security Number	Date of Birth (mm/dd/yyyy) Gender			Date of	(,,,,,,		Was death asbestos related?	
Mailing Address (if not represente	ed by counsel)		Mal	e				Yes No
City	State			Zip	Daytime Telephone			
Castian O. Law Firm / At								
Section 2: Law Firm / At				io mas a ti a m				
If represented by counsel, please provide the following information Law Firm Name			оппаноп.	Filer ID			r ID	
Mailing Address								
City State Zip Code					Code			
Attorney Last Name	ttorney Last Name Attorney First Name			Attorney M	ey Middle Name Attorn		orney Suffix	
Direct Telephone	Facsimile			E-mail Add	-mail Address			
Section 3: Asbestos Related Injury								
Check the box next to the highest disease level the injured party is claiming.								
Disease Level								
☐ Asbestosis / Pleural Disease (Level I) ☐ Asbestosis / Pleural D			,				,	
☐ Other Cancer (Level IV) ☐ Lung Cancer 2 (Level			evel V)		Lung Cand	cer 1 ((Level VI)	
☐ Mesothelioma (Level VII)								
Diagnosis Date (mm/dd/yyyy) If Other Cancer (Level IV), please				el IV), please spe	ecify n	nalignancy		

Section 4: Smoking	History (not red	uired for Expedi	ted review)			
In the chart below, incof said products smooth		d during which the	injured party smoked to	bacco products	and the average number	
Product ☐ Cigarettes ☐ Cig ☐ Pipes		e (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)) Pa	cks/Cigars/Pipes Per Day	
Product ☐ Cigarettes ☐ Cig ☐ Pipes		e (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)) Pa	cks/Cigars/Pipes Per Day	
Product ☐ Cigarettes ☐ Cig ☐ Pipes	Start Date	e (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)) Pa	cks/Cigars/Pipes Per Day	
Product ☐ Cigarettes ☐ Cig ☐ Pipes		e (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)) Pa	cks/Cigars/Pipes Per Day	
Product ☐ Cigarettes ☐ Cig ☐ Pipes		e (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)) Pa	cks/Cigars/Pipes Per Day	
Section 5: Personal	Representative	(if injured party	is deceased or incomp	etent)		
Last Name	First Nam	ie	Middle Name	Su	ffix	
Social Security Number Capacity of Personal Representative (i.e. Administrator, Executor, Guardian, etc.)						
Mailing Address						
City	State		Zip	Da	ytime Telephone	
Section 6: Asbestos	s Litigation and	Claims History				
		been filed on beh	alf of the injured party, p	lease provide t	the following information.	
Filing Date (mm/dd/yyyy)	State of Filing	of Filing Court Docket Numb			Docket Number	
ACandS Named? Has the injured party ever received settlement monies related to this lawsuit from ACandS or its insurers?					If "yes", amount	
Jurisdiction Selection						

If no lawsuit has ever been filed against ACandS or another defendant on behalf of the injured party, indicate in which state the injured party would have elected to file such a suit:

Section 7: Occupational Exposure to Asbestos Products

Provide information below for each location at which the injured party alleges exposure to asbestos or asbestos-containing products for which ACandS had legal responsibility occurred. Please include detail for all asbestos exposure which you feel is sufficient to meet the ACandS exposure criteria as well as Significant Occupational Exposure criteria for the approval of the claim at the claimed Disease Level. If the duration of the claimant's ACandS exposure is not sufficient to meet the other Exposure Criteria for the Disease Level in question, please provide sufficient information regarding exposure to other asbestos to meet all applicable Exposure Criteria. List each site, industry, and occupation combination separately. Provide the complete name and location of each individual site. Attach additional copies of this page if more space is required.

Part 1

Part 1					
Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation			Approved Site Code
Site of Exposure (plant or site	e name)	City		State	Country
	re occurred (see Appendix	A to the Filing	If other, please specify	<u> </u>	
Instructions for list of industry	/ codes)				
Names of all ACandOnicalis	ata ta subiah ini wad a autosaa				
names of all ACandS produc	cts to which injured party was e	exposed			
Description of Cignificant Oc	aunation Evacuum at this icho	ita (abaak all that a	only)		
Description of Significant Oc	cupation Exposure at this jobs	ite (check all that a	opiy)		
☐ Injured party handled raw	asbestos fibers on a regular b	oasis			
☐ Injured party fabricated asbestos fibers	asbestos-containing products	such that the inju	red party in the fabrication	on process was	exposed on a regular basis to
☐ Injured party altered, repart to asbestos fibers	aired, or otherwise worked wit	h an asbestos-cont	aining product such that t	the injured party	was exposed on a regular basis
☐ Injured party was employed in an industry or occupation such that the injured party worked on a regular basis in close proximity to workers who did one or more of the above three activities					
☐ Other (please describe in as much detail as possible):					
Part 2					
	ing as an Extraordinary (CandS Trust Distribution		a clear and concise d	leclaration as	to how the claim satisfies

Section 8: Secondary Exposure (not required for Expedited review)					
If the injured party's asbes complete Section 7, Part 1 w					nally Exposed Person (OEP), on below.
Date Exposure to OEP Began (mm/e		Date Exposure to OEP I		Relationshi	
Description of how injured party was	exposed to ACa	andS products through t	he OEP		
Section 9: Employment / E		•	-		
If economic losses are being 1040, or other relevant support			onomic loss report, IF	RS Form V	V-2, the first page of IRS Form
Current Employment Status (check a					
☐ Full-time		☐ Part-time			Retired
☐ Partially Disabled Amount of last annual wages		☐ Fully Disabl	ed Date of last wages recei	ved (mm/dd/	N/A (deceased)
Amount of last annual wages			Date of last wages recei	ivea (mini/aa/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Section 10: Dependents (not required for Expedited review)					
List injured party's spouse ar	nd/or any othe	er dependents.			
Dependent 1	I =				10.00
Last Name	First Name		Middle Name		Suffix
Relationship to injured party			Date of Birth (mm/dd/yy	уу)	Financially Dependent?
					☐ Yes ☐ No
Dependent 2					
Last Name	First Name		Middle Name		Suffix
Relationship to injured party			Date of Birth (mm/dd/yy	уу)	Financially Dependent?
					☐ Yes ☐ No
Dependent 3					
Last Name	First Name		Middle Name		Suffix
Relationship to injured party			Date of Birth (mm/dd/yy	yy)	Financially Dependent?
					☐ Yes ☐ No
Dependent 4					
Last Name	First Name		Middle Name		Suffix

Relationship to injured party	Date of Birth (mm/dd/yyyy)	Financially Dependent?
		☐ Yes ☐ No
Section 11: Certification and Signature		
This claim form must be signed by an attorney, or injured party's personal representative.	r if not represented by an a	ttorney, the injured party or the
Upon information and belief, formed after an inquiry reas of perjury, that the information submitted is accurate and		s, I hereby certify, under penalty
Signed	Date	e Signed (mm/dd/yyyy)
Print Name Here		

To file by mail, send this completed form and all supporting documentation to:

ACandS Asbestos Trust c/o Verus Claims Services, LLC 3967, Princeton Pike Princeton, NJ 08540

Section 12: Checklist of Supporting Documentation

Please attach the following supporting documentation to the completed claim form.

For all o	claims:
	Medical records supporting the diagnosis of the claimed Disease Level (see instructions for requirements)
	Proof of ACandS product exposure, as set forth in the detailed filing instructions and required by the TDP
For dec	eased injured parties:
	Death certificate
	Letters of Administration or other proof of the personal representative's official capacity, if applicable pursuant to state law
For Exi	gent Hardship Claims and/or injured parties asserting a claim for Economic Losses:
	Documentation supporting the claim that any and all wage loss incurred by the injured party was the direct result of the injured party's asbestos-related disease. This documentation would include, but not be limited to medical records and/or reports, reports from governmental or insurance agencies and/or reports from the injured party's most recent employer
	Tax returns and/or W-2 forms for the last three (3) full years of employment

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