

**INSTRUCTIONS FOR FILING A CLAIM WITH
THE STATE INSULATION CORPORATION
ASBESTOS PERSONAL INJURY TRUST**

The State Insulation Corporation Asbestos Personal Injury Trust Proof of Claim Form (the “**Claim Form**”) is required of all persons filing a claim pursuant to the State Insulation Corporation Asbestos Personal Injury Trust Distribution Procedures (the “**TDP**”). These Claim Filing Instructions are intended to summarize certain significant issues related to filing a personal injury claim with the State Insulation Asbestos Personal Injury Trust (the “**SIC Trust**”) and assist the Claimant with preparing the Claim Form and requisite documentation to submit a complete Claim. Specific instructions below correspond to the designated section of the Claim Form.

To the extent any information in these Claim Filing Instructions is inconsistent with the Plan or the TDP, the Plan or the TDP shall control. Capitalized terms used in the Claim Form or these Claim Filing Instructions that are not defined in those documents shall have the meanings assigned to them in the TDP. As used herein, “**Debtor**” shall mean State Insulation Corporation and “**Claim**” shall mean Channeled Asbestos Claim. The term “**Claimant**” means the person submitting the Claim and is either the Injured Party or a Personal Representative on behalf of the Injured Party.

The SIC Trust was established as a result of the bankruptcy of State Insulation Corporation. The purpose of the SIC Trust is to assume all liabilities and responsibility for all Channeled Asbestos Claims, and, among other things, to direct the processing, liquidation, and payment of all Channeled Asbestos Claims in accordance with the Plan, the TDP, and the Confirmation Order. Nothing in these instructions is intended to replace or modify the requirements of the TDP. All Claimants are encouraged to thoroughly read and understand the TDP (available on the SIC Trust’s website) before filing a claim with the SIC Trust.

How to Qualify for a Settlement Offer:

To submit a valid personal injury claim, a Claimant must provide:

- a completed Claim Form;
- a medical diagnosis of a compensable disease;
- evidence of Debtor Exposure with the dates of commencements and termination of such exposure; and
- the Filing Fee, as set forth in the Claim Form.

Complete the Claim Form as thoroughly and accurately as possible to ensure efficient resolution of claims. Please type or print neatly within the spaces provided. If additional space is required to list all relevant information, please attach additional copies of the relevant section of this form.

Every effort should be made to submit the Claim Form and all required documentation at the same time. Incomplete submissions will not be placed in the first-in-first-out (FIFO) processing queue – and therefore will not be reviewed by the Trust – until such time as any missing required information and/or documentation is provided by the Claimant. Incomplete submissions also increase processing time for all Claimants and consume valuable Trust resources which would otherwise be available for the payment of claims. It is anticipated that, after the Initial Claims Filing Deadline), the Asbestos Personal Injury Trust shall provide an initial response to the Claimant within six months of receiving the proof of claim form. Claims submitted prior to the

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Initial Claims Filing Deadline may not receive an initial response prior to a date that is six months after the Initial Claims Filing Deadline.

A release will be generated and sent when an offer is made. The Trust requires return of the individual (hard copy) release.

Filing Deadlines:

Section 5.1(a)(2) addresses the effect of statutes of limitation and repose, and the timing requirements for submitting a Claim to the SIC Trust. To be considered timely filed, all Unliquidated Claims must satisfy either of the following:

- For claims first filed in the U.S. tort system against a Debtor prior to Feb. 23, 2011, the applicable federal or state statute of limitation or repose in effect at the time of the filing of the claim in the tort system, or
- For claims not filed against a Debtor in the U.S. tort system prior to Feb. 23, 2011, the applicable federal or state statute of limitation or repose that was in effect at the time of the filing with the SIC Trust.

However, the running of the relevant statute of limitation or repose shall be tolled as of the earliest of:

- the actual filing of the claim against the Debtor prior to Feb. 23, 2011, in the U.S. tort system;
- the tolling of the claim against the Debtor prior to Feb. 23, 2011, by an agreement or otherwise, provided the tolling was still in effect on Feb. 23, 2011; or
- the Petition Date (Feb. 23, 2011).

If the Claim meets any of the above-noted tolling provisions and was not barred by the applicable federal or state statute of limitation or repose at the time of the tolling event, the Claim shall be treated as timely filed if it is actually filed with the SIC Trust within three years after the Initial Claims Filing Deadline (the date that is 12 months after the date the SIC Trust first makes available the proof of claim forms and other materials required to file a claim with the SIC Trust).

Any Channeled Asbestos Claim that is first diagnosed after the Petition Date (Feb. 23, 2011) will be considered timely filed, irrespective of any applicable federal or state statute of limitation or repose, if the Claim is filed with the SIC Trust within the later of (i) three years after the date of diagnosis or (ii) three years after the Initial Claims Filing Deadline.

The Initial Claims Filing Deadline for the SIC Trust is October 31, 2017.

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Part 1. Information About the Claim

1.1 Check the boxes appropriate to identify the type of review requested for the Claim and any applicable Special Features. Complete the parts of the Claim Form as indicated based upon the type of review and Special Features identified.

Selection of Review Type and Special Features

Only Claims alleging Disease Levels I-V, VII, and VIII may seek Expedited Review. Claims that do not meet the presumptive criteria for Disease Levels I-V, VII, and VIII may select Individual Review. Claims involving Disease Levels IV-VIII may seek to establish a higher value for the Claim that is greater than Scheduled Value by selecting Individual Review (although such claims may be determined to be less than Scheduled Value and may not exceed the Maximum Value for the Disease Level). All Disease Level VI (Lung Cancer 2) Claims, Foreign Claims, Secondary Exposure Claims, and Extraordinary Claims must select Individual Review.

See the TDP for the definitions of and requirements to submit an Exigent Hardship Claim (TDP § 5.4(b)), Extraordinary Claim (TDP § 5.4(a)), Secondary Exposure Claim (TDP § 5.5), or Foreign Claim (TDP § 5.3(b)(1)).

Pre-Petition Liquidated Claims

Check the box for “Pre-Petition Liquidated Claim” if the Claim was liquidated in one of the following manners: (i) by a binding settlement agreement for the claim that was entered into prior to Feb. 23, 2011 and that is judicially enforceable by the Claimant; (ii) a jury verdict or non-final judgment in the U.S. tort system obtained prior to Feb. 23, 2011; or (iii) a judgment in the U.S. tort system that became final and non-appealable prior to Feb. 23, 2011. *See* TDP § 5.2(a).

The holder of a Pre-Petition Liquidated Claim must submit documentation that the claim was liquidated in a manner consistent with (i), (ii), or (iii) in the preceding sentence. Such documentation may include (i) a court authenticated copy of the jury verdict, non-final judgment, or final judgment on the merits, and (ii) the Claimant’s name, Social Security Number, and date of birth, along with the Claimant’s attorney’s name and address. The SIC Trust may request additional information to verify and process the Claim. Please contact the Trust’s claims processing agent for additional information regarding the filing of a Pre-Petition Liquidated Claim at [888-681-1129] or [trustsupport@verusllc.com].

Pursuant to TDP § 5.2(a), the liquidated value of a Pre-Petition Liquidated Claim is the unpaid portion of the amount (i) agreed to in the binding settlement agreement or (ii) awarded by the jury verdict or judgment, plus interest (if any) that has accrued on that amount in accordance with the terms of the agreement or applicable state law. All payments to Pre-Petition Liquidated Claims shall be subject to the Maximum Annual Payment and the Payment Percentage.

Part 2. Injured Party Information

2.1 Injured Party’s full name: Provide the full name, Social Security Number, and date of birth for the Injured Party on whose behalf the claim is being filed.

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2.2 Status of Injured Party: Check the appropriate box to indicate whether the Injured Party is living or deceased. If the Injured Party is deceased, provide the date of death, indicate whether the death was the result of asbestos disease, submit the death certificate, and proceed to part 2.3 to identify the Personal Representative.

2.3 Personal Representative Information: Complete part 2.3 if the Injured Party is deceased or incompetent. Provide the full name, Social Security Number, address, and telephone number for the Personal Representative. Submit the requested documentation (as indicated on the Claim Form) to verify the Personal Representative's authority to submit the Claim.

2.4 Law Firm/Attorney Information: If the Claimant is represented by counsel, provide the name and contact information for the law firm or attorney.

Part 3: Disease Diagnosis

3.1 Disease Claimed: Check only the box identifying the highest Disease Level claimed by the Claimant and provide the date of diagnosis for the disease claimed. Documentation, as set forth below, must be submitted to support the claimed disease.

Pursuant to TDP § 5.3, all claims filed with the SIC Trust shall be deemed to be a claim for the highest Disease Level for which the Claim qualifies at the time of filing, with all lower Disease Levels for which the Claim then qualifies or may qualify in the future being subsumed into the higher Disease Level for both processing and payment purposes. Notwithstanding the foregoing, the holder of a Claim involving a non-malignant asbestos-related disease (Disease Levels I-II) may file a new claim for a malignant disease (Disease Levels III-V) that is subsequently diagnosed. Any additional payments to which such a Claimant may be entitled with respect to such malignant asbestos-related disease shall not be reduced by the amount paid for the non-malignant asbestos-related disease, provided the malignant disease had not been diagnosed by the time the Claimant was paid with respect to the original claim involving the non-malignant disease.

3.2 Medical Documentation: All diagnoses of a Disease Level shall be accompanied by either (i) a statement by the physician providing the diagnosis that at least 10 years have elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis, or (ii) a history of the Injured Party's exposure sufficient to establish a 10-year latency period. A finding by the diagnosing physician that the Injured Party's disease is "consistent with" or "compatible with" asbestosis will not alone be treated by the Trust as a diagnosis. Medical records supporting the claimed Disease Level must be submitted with the Claim Form.

For further details regarding medical evidence required for a valid claim, see Section 5.7(a) of the TDP.

The Asbestos Personal Injury Trust may require the submission of X-rays, CT scans, detailed results of pulmonary function tests, laboratory tests, tissue samples, results of medical examination or reviews of other medical evidence, and may require that medical evidence submitted comply with recognized U.S. medical standards regarding equipment, testing methods and procedures to assure that such evidence is reliable.

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Unacceptable Doctors and Medical Facilities

Section 5.7(a)(2) of the TDP requires that before making any payment, the SIC Trust must have reasonable confidence that the medical evidence provided in support of the Claim is credible and consistent with recognized medical standards. The SIC Trust has determined, based on currently available information, that medical reports (or medical evidence) from certain doctors and medical facilities may not meet the reliability standards of this section. Accordingly, until further notice, the SIC Trust will not accept medical reports and/or evidence from the following doctors and medical facilities:

Doctors:

Medical Facilities:

Dr. James Ballard	American Medical Testing (of Mobile, AL)
Dr. Kevin Cooper, of Pascagoula, MS	Gulf Coast Pulmonary Lab (of Pascagoula, MS)
Dr. Todd Coulter	Healthscreen, Inc. (of Jackson, MS)
Dr. Andrew Harron	Netherland & Mason, Inc.
Dr. Ray Harron	Occupational Diagnostics
Dr. Glynn Hilbun	Pulmonary Testing Services (of Pascagoula, MS and Grand Bay, AL)
Dr. Barry Levy	Pulmonary Advisory Services, Inc. (of Jackson, MS)
Dr. George Martindale	Pulmonary Advisory Services of Louisiana, Inc. (of New Orleans)
Dr. Gregory Nayden	Pulmonary Function Lab (of Madison, MS, Brandon, MS, Jackson, MS, Gautier, MS, Bessemer, AL and Cleveland, OH)
Dr. W. Allen Oaks	Respiratory Testing Services, Inc.

In addition, if a claim is valued using a medical report or PFT from Dr. R. Michael Kelly, a HOLD will be placed on the claim pending further review by the Trustee.

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All Claimants are required to submit a complete Claim Form with the required supporting documentation. At a minimum, the supporting documentation must consist of a medical report from the diagnosing physician and a death certificate, if applicable. The following chart, used for Expedited Review, summarizes the Scheduled Values and Medical/Exposure Criteria for the various Disease Levels. This chart is only intended as a general guideline for a valid claim. As stated throughout these instructions, the TDP must be consulted to determine whether the Claim satisfies the requirements for a valid claim. *See* Section 5.3(a)(3) of the TDP for all applicable criteria.

Disease Level	Scheduled Value¹	Medical/Exposure Criteria
Mesothelioma (Level VIII)	\$15,000	(1) Diagnosis of mesothelioma; and (2) Debtor Exposure as defined in Section 5.7(b)(3).
Lung Cancer 1 (Level VII)	\$10,000	(1) Diagnosis of a primary lung cancer plus evidence of an underlying Bilateral Asbestos- Related Nonmalignant Disease, (2) six months Debtor Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.
Lung Cancer 2 (Level VI)	\$5,000	(1) Diagnosis of a primary lung cancer; (2) Debtor Exposure prior to December 31, 1982, and (3) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question. Lung Cancer 2 (Level VI) claims are claims that do not meet the medical and/or exposure requirements of Lung Cancer 1 (Level VII) claims. All claims in this Disease Level shall be individually evaluated. The estimated likely average of the individual evaluation awards for this category is \$5000, with such awards capped at \$10,000 unless the claim qualifies for Extraordinary Claim treatment. Level VI claims that show no evidence of either an underlying Bilateral Asbestos-Related Nonmalignant Disease or Significant Occupational Exposure may be individually evaluated, although it is not expected that such claims shall be treated as having any

¹ Channeled Asbestos Claims that are liquidated under the Expedited or Individual Review Processes of the TDP shall be paid subject to the applicable Payment Percentage, Maximum Available Payment, the Claims Payment Ratio, and the sequencing adjustment provided for in the TDP. *See* TDP § 5.1(c). The current Payment Percentage is set at 1%. The Payment Percentage is subject to change pursuant to the terms of the TDP.

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		significant value, especially if the claimant is also a Smoker. In any event, no presumption of validity shall be available for any claims in this category.
Other Cancer (Level V)	\$4,000	(1) Diagnosis of a primary colo-rectal, laryngeal, esophageal, pharyngeal, or stomach cancer, plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months Debtor Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the other cancer in question.
Severe Asbestosis (Level IV)	\$7,000	(1) Diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestos, plus (a) TLC less than 65%, or (b) FVC less than 65% and FEV1/FVC ratio greater than 65%, (2) six months Debtor Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.
Asbestosis/Pleural Disease (Level III)	\$4,000	(1) Diagnosis of Bilateral Asbestos-Related Nonmalignant Disease, plus (a) TLC less than 80%, or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%, and (2) six months Debtor Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.
Asbestosis/Pleural Disease (Level II)	\$2,000	(1) Diagnosis of a Bilateral Asbestos-Related Nonmalignant Disease, and (2) six months Debtor Exposure prior to December 31, 1982, and (3) five years cumulative occupational exposure to asbestos.
Other Asbestos Disease (Level I – Cash Discount Payment)	[\$10]	(1) Diagnosis of a Bilateral Asbestos-Related Nonmalignant Disease or an asbestos-related malignancy other than mesothelioma, and (2) Debtor Exposure prior to December 31, 1982.

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Part 4. Claims History and Claimant's Jurisdiction

4.1 Claims History and Asbestos Litigation: Answer question 4.1(a). If the response is yes, provide the information requested under 4.1(b).

4.2 Indicate whether a tolling agreement applies. If yes, submit a copy with the Claim Form.

4.3 Indicate whether an administrative settlement claim was submitted on behalf of the Injured Party.

4.4 Identify the Claimant's Jurisdiction and the basis for the selection. *See* TDP § 5.3(b)(2).

Part 5: Debtor Exposure and Occupational Exposure

Part 5 must be completed if the Claim alleges that the Injured Party's asbestos-related disease is a direct result of occupational exposure to the Debtor's asbestos-related products.

The Claimant must submit documentation to support the Debtor Exposure alleged in the Claim Form. Provide the information requested in Part 5 of the Claim Form for each location at which the Injured Party allegedly experienced Debtor Exposure. Include detail for all asbestos exposure that the Claimant believes is sufficient to meet the Debtor 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 Injured Party's Debtor 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 Part 5 if more space is required.

Exposure Evidence

Section 5.7(b) of the TDP addresses the required exposure evidence for a valid claim:

[T]o qualify for any Disease Level, the claimant must demonstrate a minimum exposure to an asbestos-containing product manufactured, produced or distributed by the Debtor or to conduct for which the Debtor has legal responsibility. Claims based on conspiracy theories that involve no exposure to an asbestos-containing product manufactured, produced or distributed by the Debtor or for which the Debtor otherwise has legal liability are not compensable under this TDP. To meet the presumptive exposure requirements of Expedited Review set forth in Section 5.3(a)(3) above, the claimant must show (i) for all Disease Levels, Debtor Exposure as defined in Section 5.7(b)(3) below prior to December 31, 1982; (ii) for Asbestos/Pleural Disease Level II, six (6) months Debtor Exposure prior to December 31, 1982, plus five (5) years cumulative occupational asbestos exposure; and (iii) for Asbestosis/Pleural Disease (Disease Level III), Severe Asbestosis (Disease Level IV), Other Cancer (Disease Level V) or Lung Cancer I (Disease Level VII), the claimant must show six (6) months Debtor Exposure prior to December 31, 1982, plus Significant Occupational Exposure to asbestos....

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5.1 Debtor Exposure

There is NO approved Jobsite List for State Insulation Corporation.

Pursuant to TDP § 5.7(b)(3), the Claimant must demonstrate “Debtor Exposure,” defined to mean “(i) meaningful and credible exposure, which occurred prior to December 31, 1982, to asbestos or asbestos-containing products supplied, specified, manufactured, installed, maintained, distributed or repaired by the Debtor or, for which the Debtor has legal responsibility.”

A Claimant may establish meaningful and credible evidence of exposure by submitting an affidavit or sworn statement of the Claimant, by an affidavit or sworn statement of a co-worker or the affidavit or sworn statement of a family member in the case of a deceased Claimant (providing the Asbestos Personal Injury Trust finds such evidence reasonably reliable); verified work history; answers to interrogatories with verification page (and specifying the pertinent page number(s)); deposition transcript with cover page (and specifying the pertinent page number(s)); or through invoices, employment, construction or similar records, or by other credible evidence.

5.2 Significant Occupational Exposure

Check the box(es) for all applicable statements demonstrating the nature of the Claimant’s Significant Occupational Exposure. Section 5.7(b)(2) defines Significant Occupational Exposure as:

Employment for a cumulative period of at least five (5) years with a minimum of two (2) years prior to December 31, 1982, in an industry and an occupation in which the claimant (a) handled raw asbestos fibers on a regular basis; (b) fabricated asbestos-containing products so that the claimant in the fabrication process was exposed on a regular basis to raw asbestos fibers; (c) altered, repaired or otherwise worked with an asbestos-containing product such that the claimant was exposed on a regular basis to asbestos fibers; or (d) was employed in an industry and occupation such that the claimant worked on a regular basis in close proximity to workers engaged in the activities described in (a), (b) and/or (c).

Section 6: Secondary Exposure

Complete Part 6 of the Claim Form only if Injured Party’s asbestos-related disease is a result of asbestos exposure through an Occupationally Exposed Person (“OEP”).

If a Claimant alleges an asbestos-related disease resulting solely from exposure to an occupationally exposed person, such as a family member, the Claimant must establish that the occupationally exposed person would have met the exposure requirements under this TDP that would have been applicable had that person filed a direct claim against the SIC Trust. In addition, the Claimant with secondary exposure must establish that he or she is suffering from one of the five Disease Levels described in TDP § 5.3(a)(3) (as summarized above) or an asbestos-related disease otherwise compensable under the TDP, that his/her own exposure to the

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occupationally exposed person occurred within the same time frame as the occupationally exposed person experienced Debtor Exposure, and that such secondary exposure was a cause of the claimed disease. All other liquidation, payment rights and limitations under the TDP shall be applicable to such claims.

6.1 Injured Party's Secondary Exposure: Provide the requested information about the Injured Party's exposure to the Occupationally Exposed Person.

6.2 Occupationally Exposed Person's Debtor Exposure: Provide the requested information about the Occupationally Exposed Person and his/her Debtor Exposure.

6.3 Occupationally Exposed Person's Significant Occupational Exposure: Check all the boxes that apply to describe the Significant Occupational Exposure of the Occupationally Exposed Person that is the basis for the Secondary Exposure Claim.

Work history must be submitted with the Claim Form to establish meaningful and credible Debtor Exposure of the Occupationally Exposed Person, including six months of occupational Debtor Exposure before December 31, 1982, plus, if applicable, Significant Occupational Exposure.

Section 7: Extraordinary Claim Statement:

If the Claimant alleges an Extraordinary Claim, a detailed statement must be provided to explain how the Claim qualifies as an Extraordinary Claim under Section 5.4(a) of the TDP.

Section 8: Foreign Claim:

If the Claimant alleges a Foreign Claim, as defined in the TDP, provide the information requested in Part 8 of the Claim Form. The SIC Trust may require additional information to verify and value a Foreign Claim, but shall evaluate Foreign Claims under the relevant procedural and substantive legal rules to which the Claim would be subject if brought in a state or federal court situated in New Jersey. TDP § 5.3(b)(1). The Trust may take into account the valuation factors set forth in Section 5.3(b)(2) of the TDP.

Section 9: Individual Review Information:

If the Claimant seeks Individual Review, Part 9 of the Claim Form must be completed, as applicable. Part 9.2 should be submitted by a Claimant submitting an Exigent Hardship Claim.

9.1 The information requested about Smoking History must be provided if the Claim is based on Disease Levels VI or VII. This information does not need to be provided if the Claim is based on other Disease Levels.

9.2 The information requested about Economic Loss must be provided for claims seeking lost wages or Exigent Hardship Claims based on lost wages.

9.3 If the Injured Party has/had dependents, provide the requested information.

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Section 10: Certification and Signature

Sign the Claim Form and check the appropriate box to identify the person certifying the Claim Form.

For questions or additional information about completing the Claim Form contact:

Verus, LLC
3967 Princeton Pike
Princeton, NJ 08540
Phone: 888-681-1129
Email: trustsupport@verusllc.com