Instructions for the Discounted Cash Payment Form
Complete this claim form as thoroughly and accurately as possible. Please type or print neatly.

Should there be insufficient space to list all relevant information, please attach additional sheets.

In addition to filing the forms that follow, please ensure the following are enclosed, if applicable:

- Death Certificate (if applicable)
- Certificate of Official Capacity (if personal representative is filing form)
- Medical Records as requested in instructions
- Proof of Celotex or Carey Canada product exposure as set out in instructions

Representation
If Claimant is represented by counsel, please print or type the following information:

Attorney Name: ________________________________________________
(Please print full name)

Paralegal or Contact Name: _____________________________________
(Please print full name)

Name of Law Firm: _____________________________________________
(Please print full name of firm)

Firm Address: _________________________________________________
(Street/PO box number/suite number)
(City, State and Zip)

Attorney Phone: __________________________ Fax: __________________
(Area Code & Number) (Area Code & Number)

Contact Phone: __________________________ Fax: __________________
(Area Code & Number) (Area Code & Number)
PART 1: INJURED PARTY INFORMATION

Name:________________________________________ Social Security #: ______-_____-_________
(Please print FULL NAME)

Gender: Male _____ Female ______
Date of Birth: ______/_______/______
(Month)         (Day)             (Year)

I. Is injured party living?  Yes_____ No_____

II. If injured party is living and not represented by counsel, please complete the following:

  Mailing Address:_____________________________________________________________________
  (Street/PO box)
  ____________________________________________________________________
  (City/State/Zip)

  Daytime Phone: (         )  _______ -___________

III. If injured party is deceased: *(Death Certificate must be enclosed)*

  Date of Death:_____/_____/______

  Was death asbestos related?  Yes _____ No ______

IV. If injured party has a personal representative other than, or in addition to, his/her attorney, please indicate the following information for the representative: *(Certificate of Official Capacity must be enclosed.)*

  Name:__________________________________ Social Security Number: ______-_____-________

  Mailing Address:  ____________________________________________________________________
  ____________________________________________________________________

  Daytime Phone: (         )  _______-___________

  Relationship to Injured Party:  I am party’s:_____________________________________________
  (Guardian, Administrator, Brother, etc.)
**Part 2: Diagnosed Asbestos-Related Injuries**

Place an X next to all injuries below that have been or were diagnosed for the injured party and for which medical documentation is attached to this claim form. *See Instructions for listing of medical records that must be enclosed.*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Date of Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mesothelioma</td>
<td><strong>/</strong>/____</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td><strong>/</strong>/____</td>
</tr>
<tr>
<td>Other Cancer: Indicate type</td>
<td><strong>/</strong>/____</td>
</tr>
<tr>
<td>Asbestosis</td>
<td><strong>/</strong>/____</td>
</tr>
<tr>
<td>Bilateral Pleural Disease</td>
<td><strong>/</strong>/____</td>
</tr>
</tbody>
</table>

Claims for all of the above injuries must include a diagnosis of the claimed disease by an internal medicine or pulmonary specialist or other specialist based on either a physical examination of the claimant by that doctor, a physical examination by another doctor whose physical examination and findings are reliable or a pathologist examination for a deceased claimant.
Part 3: Occupational Exposure to Celotex or Carey Canada Products

Proof of Celotex or Carey Canada product exposure must be enclosed. (See Instructions)

Please photocopy this page and list separately for each site, industry or occupation in which claimant alleges exposure to asbestos.

Date Exposure Began: _______/______/______               Date Exposure Ended: _______/______/______

(Month) (Day) (Year)   (Month) (Day) (Year)

Was the injured party employed by Celotex, Philip Carey or a Philip Carey Contracting Unit during this time?
Yes_____  No_____

Did the injured party work at a site while Philip Carey, Carey Canada or Celotex employees were installing, ripping out, or otherwise handling asbestos-containing products during this time?
Yes_____  No_____

Did the injured party work with Celotex, Philip Carey or Carey Canada employees during this time?
Yes_____  No_____

Did the injured party live or work near or in the vicinity of a Carey Canada mine, manufacturing plant or job-site during this time?
Yes_____  No_____

Occupation: ____________________________________________________________

Description of Job Duties: ________________________________________________________________

Industry in which exposure occurred: ________  If Code 37 (Other), specify:  ____________________ (Code)

Industry Codes

33. Building occupant/bystander 34. Asbestos products manufacturing 35. Maritime
36. Other

Describe how and why asbestos products were used at the site:
______________________________________________________________

Employer: ____________________________

Site or Location of exposure: ____________________________ Plant or Site Name: ____________________________

Location at plant or site where exposure occurred: ____________________________

City: ____________________________ State: ____________________________

Describe how injured party was exposed to Celotex or Carey Canada product(s) or operations:
______________________________________________________________

Name of Celotex or Carey Canada product(s) or operations to which injured party was exposed:
______________________________________________________________
Part 4: Exposure to an Occupationally Exposed Person*

Is the claimant alleging an asbestos-related disease resulting solely from exposure to an occupationally exposed person, such as a family member (spouse, father, sister, etc.)?

Yes______ No_______

Date Exposure to Other Person Began: Month_______ Year ________

Date Exposure to Other Person Ended: Month_______ Year ________

Relationship to occupationally exposed individual:

I am his/her _____________________________________________
(Brother, Son, Spouse, etc.)

Describe how injured party was exposed to the Celotex or Carey Canada product:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

*Part 3, page 4a, must be completed for the occupationally exposed person.
Part 5: Asbestos Litigation

Has a lawsuit ever been filed on behalf of the injured party?

Yes _______ No_______

Two-letter abbreviation of the state in which the suit was originally filed:   ☐ ☐

Name of court in which suit was originally filed:  ______________________________

Date on which the suit was originally filed:  ______________________________
(Month/Year)

Has injured party received settlement money from Celotex or Carey Canada?  Yes_____ No_______

Please provide the Aggregate Settlement Amount received from all asbestos defendants:

$______,_________.____

What is the current status of this suit?  ☐ Pending ☐ Judgment
☐ Dismissed ☐ Settled

If this suit is pending, has a trial date been set?  Yes______ No_______

• If yes, when is the trial currently scheduled?  ______/_______/_______
  (Month)           (Day)             (Year)

• If no, what is the earliest date trial could be expected?  _______/_______
  (Month)           (Day)

Unless you wish to waive your right to have your claim allowed, evaluated and paid by the Trust, you must notify the Trust when a trial date is established.

If this suit has been dismissed or has received a judgment please provide the following information:

<table>
<thead>
<tr>
<th>Date of Verdict</th>
<th>Name of Defendant(s)</th>
<th>Verdict Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ ______________</td>
</tr>
<tr>
<td>(Month / Year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>
PART 6: SIGNATURE PAGE

All claims must be signed by the claimant, or the person filing on his/her behalf (such as the personal representative or attorney).

I have reviewed the information submitted on this claim form and all documents submitted in support of this claim. To the best of my knowledge under penalty of perjury, the information submitted is accurate and complete.

Signature of Claimant or Representative

Please print the name and relationship to the claimant of the signatory above.

Please review your submission to ensure it is complete.

☐ Death Certificate (if applicable)

☐ Certificate of Official Capacity (if personal representative is filing form)

☐ Medical Records as requested in instructions

☐ Proof of Celotex or Carey Canada product exposure as set out in instructions