

**GST SETTLEMENT FACILITY  
 PROOF OF CLAIM FORM FOR PRE-PETITION JUDGMENT  
 GST ASBESTOS CLAIMS AND SETTLED GST ASBESTOS CLAIMS  
Instructions for Filing this Claim Form**

This form should be completed only for Pre-Petition Judgment GST Asbestos Claims and Settled GST Asbestos Claims, as those terms are defined in the Claims Resolution Procedures (the “CRP”). **Do not use this claim form if the Settlement Facility has obtained a determination on appeal or other review that the claim is not payable as a Pre-Petition Judgment GST Asbestos Claim, or if the Bankruptcy Court disallowed the claim as a Settled GST Asbestos Claim.** To pursue such claims, you will need to complete, and meet the eligibility criteria contained in, the regular Proof of Claim Form for non-Pre-Petition Judgment GST Asbestos Claims and non-Settled GST Asbestos Claims, respectively. Holders of Settled GST Asbestos Claims and Pre-Petition Judgment GST Asbestos Claims that are secured by letters of credit, appeal bonds, or other security or sureties shall first exhaust their rights against any applicable security or surety before submitting a claim to the Settlement Facility.

All Settled GST Asbestos Claims and Pre-Petition Judgment GST Asbestos Claims must be submitted to the Settlement Facility **within three (3) months** after the Settlement Facility first makes claim forms available and provides notice of such date on its website.

All Settled GST Asbestos Claims and Pre-Petition Judgment GST Asbestos Claims must have filed a proof of claim on or before the Asbestos Claims Bar Date or Settled Claims Bar Date (as those terms are defined in the CRP), or obtained relief from the Bankruptcy Court. This form requires you to identify the PACER number assigned to the proof of claim for verification purposes. **If this claim is not in compliance with the applicable Asbestos Claims Bar Date or Settled Claims Bar Date, and relief has not been obtained from the Bankruptcy Court, the claim is NOT eligible for payment by the Trust.** You may submit your claim to the Trust pending receipt of relief from the Bankruptcy Court with respect to the applicable Bar Date, but the Trust will not process your claim until you provide evidence that relief from the Bankruptcy Court has been obtained.

To file your claim more efficiently, submit and manage your claim electronically through the GST Settlement Facility (the “Trust”) website. Visit [www.garlocksettlementfacility.com](http://www.garlocksettlementfacility.com) for more information.

Please complete this claim form as thoroughly and accurately as possible. Please type your responses, or, print neatly. Should there be insufficient space to list all relevant information, please attach additional sheets.

All capitalized terms used herein and not otherwise defined shall have the meanings assigned to them in the CRP. To the extent this form conflicts with the CRP, the CRP controls.

<b>Part 1: Injured Party Information</b>			
Last Name	First Name	MI	Suffix
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number/Tax ID	Date of Birth (mm/dd/yyyy)	
Medicare Health Insurance Claim Number (HICN) (if applicable and known)	Firm Matter Number	PACER Claim Number	

Mailing Address (if not represented by counsel)

Address			
City	State	ZIP	Country
Phone (     ) _____ - _____		Email	

## Part 2: Law Firm Representation

Please provide the following information if the claimant is represented by counsel.

Law Firm Name			
Mailing Address			
City	State	ZIP	
Attorney Last Name	Attorney First Name	Attorney MI	
Phone (     ) _____ - _____	Fax (     ) _____ - _____	Email	

## Part 3: Personal Representative (if applicable)

Please provide the following for the representative. (Certificate of Official Capacity or other estate documentation must be enclosed if applicable per state law.)

Last Name	First Name	MI	Suffix
Mailing Address			
City	State	ZIP	Country
Phone (     ) _____ - _____	Social Security Number/ Tax ID	Email	

#### Part 4: Asbestos-Related Injury Information

Please indicate the **highest disease level** that has been diagnosed for the injured party.

Scheduled Disease Level

- Malignant Mesothelioma
- Asbestos-Related Lung Cancer
- Severe Asbestosis
- Asbestos-Related Other Cancer (Please specify: \_\_\_\_\_)
- Disabling Asbestosis
- Non-Disabling Asbestosis

#### Part 5: Information on Pre-Petition Judgment, Verdict, or Settlement

Check box if claim is identified in Appendix VI or VII of the CRP.   
*Please provide all supporting documentation if the settlement agreement is subject to a pending objection.*

Check box if claim is not identified in Appendix VI or VII of the CRP.   
*Please provide evidence of relief from the Bankruptcy Court deeming the claim to be timely filed.*

Date claim was established by verdict, judgment, or settlement agreement:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month) (Day) (Year)

Claim amount as fixed or liquidated under the settlement agreement or pursuant to the jury verdict or judgment: \$\_\_\_\_\_

If a portion of the claim has already been satisfied, and/or the Trust is not liable for payment of the entire claim amount, specify the unpaid portion of the claim which the claimant alleges the Trust is responsible for paying: \$\_\_\_\_\_

#### Part 6: Declaration and Signature

***All claims must be signed under penalty of perjury by the claimant, the claimant's attorney, or the personal representative (or equivalent) signing on the claimant's behalf.***

If signed by the claimant or the personal representative, I (the claimant or personal representative) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. I hereby certify, under penalty of perjury, that the information submitted is truthful and accurate.

If signed by the claimant's counsel, upon information and belief, I hereby certify, under penalty of perjury, that the information submitted is truthful and accurate.

Signature of Claimant, Claimant's Representative or Claimant's Counsel

Date

Print Name Here

Relationship to Injured Party

**Please review your submission to ensure it is complete and includes the following documents as applicable.**

- Certificate of Official Capacity or other estate documentation (if personal representative is filing form) if applicable per state law
- Executed settlement agreement, or a court authenticated copy of the jury verdict, non-final judgment, or final judgment
- Release executed by the claimant in performance of the Pre-Petition Settlement
- Relief from the Bankruptcy Court deeming a claim to have been timely filed
- Evidence that holder of the claim secured by letters of credit, appeal bonds, or other security or sureties has exhausted all rights and that such security or surety is insufficient to pay the claim
- Any additional information you wish to provide

**If you have additional information you want the Trust to consider in evaluating the claim, please include these documents with this claim form.**

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

GST Settlement Facility  
c/o Verus Claims Services, LLC  
3967 Princeton Pike  
Princeton, NJ 08540

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