SWC Asbestos Personal Injury Trust[1]

Claim Form for Pre-Petition Liquidated Asbestos Personal Injury Claims

General Instructions for filing this Claim Form:

This Proof of Claim Form for Pre-Petition Liquidated Asbestos Personal Injury Claims should be completed only for Asbestos Personal Injury Claims against SWC[1] that were liquidated by (i) a binding settlement agreement for the particular claim entered prior to the Petition Date that is judicially enforceable by the claimant, (ii) a jury verdict or non-final judgment in the tort system obtained prior to the Petition Date, or (iii) a judgment that became final and non-appealable prior to the Petition Date. The claim is liquidated if the settlement agreement, jury verdict or judgment fixes a specific amount that SWC is obligated to pay the claimant. **Do not use this Claim Form if you are the holder of a Pre-Petition Liquidated Asbestos Personal Injury Claim and are waiving the liquidated value of the claim and proceeding to have the claim liquidated under the SWC TDP**. If you are waiving the liquidated value of the claim as described in the preceding sentence or have a claim that has not been liquidated, you will need to complete the Proof of Claim Form for Unliquidated Asbestos Personal Injury Claims.

Please type or print neatly. Should there be insufficient space to list all relevant information, please attach additional sheets. The SWC. Asbestos Personal Injury Settlement Trust is referred to herein as the "Trust." In addition to filing the forms that follow, please ensure the following are enclosed:

- Executed settlement agreement, or a court authenticated copy of the jury verdict, non-final judgment, or final judgment (as applicable); and
- Executed release

Section 1: Claim Information
Law Firm Claim Matter Number: _____

Section 2: Claimant Information				
Last Name	First Name	Middle Name		Suffix
Social Security Number, Tax ID, or International ID Number	Date of Birth (mm/dd/yyyy)	Gender ☐ Male ☐ Female	Date of Death (mm/dd/yyyy) (if deceased)	
Mailing Address (if not represented by counsel)				
City	State	Zip Code	Country	Daytime Telephone

[1] Capitalized terms used herein and not otherwise defined shall have the meanings assigned to them in the TDP.

Section 3: Law Firm / Attorney Information

If represented by counsel, please provide the following information:

Law Firm Name		EIN
Mailing Address		
City	State	Zip Code
Attorney Last Name	Attorney First Name	Direct Telephone
Para/Admin Last Name	Para/Admin First Name	Direct Telephone
E-mail	Facsimile	

Section 4: Personal Representative (*if applicable*)

Last Name	First Name	Middle Name	Suffix
Social Security Number, Tax ID, or International ID Number (optional)	Capacity of Personal Representative *(i.e., Administrator, Executor, Guardian, etc.)*		
Mailing Address			

City	State	Zip Code	Country	Daytime Telephone

Certificate of Official Capacity or other estate documentation must be enclosed if applicable pursuant to state law.

If no Certificate of Official Capacity or other estate documentation is available, attorney must provide official representative certification by signing below:

Attorney certifies that this claim is filed on behalf of the Official Representative acting for the Injured Party and that the Official Representative has official capacity to file this claim based on the operation of law.

Signature of Attorney: _____

Printed Name: _____

Section 5: Asbestos-Related Injuries (Disease Levels 1, 2, 3, and 4)

Check the box next to the highest disease level the Injured Party is claiming.

Disease Level			
Disease Level 1 (Asbestosis)	Other Cancer (Disease Level 2)	Lung Cancer (Disease Level 3)	Mesothelioma/ Asbestosis Death (Disease Level 4)
☐ Disease Level 1-A (Non-Disabled Asbestosis) ☐ Disease Level 1-B (Disabled Asbestosis)	☐ Colorectal ☐ Laryngeal ☐ Esophageal ☐ Pharyngeal ☐ Stomach ☐ Other (Please Specify): _____	☐ Disease Level 3-A (Lung Cancer 1) ☐ Disease Level 3-B (Lung Cancer 2)	☐ Mesothelioma ☐ Asbestosis Death

Date of Diagnosis (mm/dd/yyyy):	Date claim was established by verdict, judgment or settlement agreement (mm/dd/yyyy):

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 claimant alleges the Trust is responsible for paying:

$_____

Section 6: Certification and Signature

This claim form must be signed by an attorney or by the claimant if not represented by an attorney.

If signed by the claimant, I (the claimant) 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.

If signed by the claimant's counsel, I (counsel to the claimant) certify that the information and materials with respect to this claim are being submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure.

Signature of Claimant or Claimant's Attorney	Date (mm/dd/yyyy)
Print Name Here	
Signatory's Relationship to Injured Party	

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

SWC Asbestos Personal Injury Trust
c/o Verus Claims Services, LLC
3967 Princeton Pike
Princeton, NJ 08540

Section 7: Checklist of Supporting Documentation

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

For all claimants:

- ☐ Executed settlement agreement, or a court authenticated copy of the jury verdict, non-final judgment, or final judgment (as applicable); and
- ☐ Release executed by the claimant in performance of the pre-petition settlement
- ☐ Release in the form accepted by the Trust

Other supporting documentation, as applicable:

- ☐ Certificate of Official Capacity or other estate documentation must be enclosed if applicable pursuant to state law. If such documentation is not available, the Law Firm/Attorney's Representatives Affirming Official Representative's Authority must be provided.

For deceased Injured Parties:

- ☐ Death certificate.