

Williams Emtal Talc Settlement Fund

– Claim Form Verification for POD § 3.1.3.5.3. Claimants –

Section 9: Declaration and Signatures

This Claim Submission Form must be manually (not electronically) signed by (1) Claimant; and (2) Claimant’s attorney identified in Section 5 of the Claim Form if claimant is currently represented by an attorney in this Claim Submission.

Claimant’s Declaration

Upon information and belief, formed after an inquiry reasonable under the circumstances, I hereby certify, under penalty of perjury, that the information submitted is complete and accurate.

Signature of Claimant, Claimant’s Representative		Date (mm/dd/yyyy)	Claimant Identification No.
Print Name Here		Relationship to Injured Party	
Injured Person Last Name (If different from claimant)	Injured Person First Name (If different from claimant)	Injured Person Social Security No.	

Claimant Attorney’s Declaration

Upon information and belief, formed after an inquiry and investigation reasonable under the circumstances, I hereby certify, under penalty of perjury, that the information submitted on behalf of claimant is accurate.

Signature of Claimant’s Counsel	Date (mm/dd/yyyy)
Print Name Here	