

Williams Emtal Talc Settlement Fund

– Claim Submission Form–

General Instructions for filing this Claim Submission Form:

The Williams Emtal Talc Settlement Fund (“**Settlement Fund**”) Plan of Distribution (“**POD**”) Procedures govern a person’s or the estate of deceased person’s eligibility to share in and receive distributions from the Settlement Fund and the amount of distributions. The POD can be found on the settlement website at www.EmtalTalcSettlement.com. To the extent this form conflicts with the POD, the POD controls.

Capitalized terms used herein and not otherwise defined shall have the meanings assigned to them in the POD.

In order to apply a Claimant must qualify as a Settlement Class Member. If you have excluded yourself (opted-out) from the settlement you do not qualify to share in the Settlement Fund, and you may not and should not apply.

Claim Submission Forms should be submitted only by, or on behalf of, a Primary Claimant - that is, the Injured Person in a qualifying Underlying Lawsuit or such Injured Person’s estate or personal representative where applicable. In limited circumstances, a Derivative Claimant may submit a Claim Submission Form to obtain Part A Basic Compensation Payments (“**BCP**”) where the Injured Person is deceased. Only one form should be submitted by a Primary Claimant. The claim form should include the claims of any Derivative Claimant (meaning a spouse, parent, or child of an Injured Person, or any other person who under applicable state law, by reason of their relationship to the Injured Person, claimed damages in an Underlying Lawsuit against Engelhard/BASF).

To be eligible to receive a payment from the Settlement Fund, you must complete and submit a valid and timely Claim Submission Form and then qualify under the POD’s eligibility criteria. **If you do not submit a valid Claim Form by the Claim Filing deadline date set by the Court, which is xx/xx/xxxx**, you will not be eligible to receive compensation, your claim submission will not be processed, and your claim will be denied. You must also provide required documents, certifications and proof to establish eligibility as outlined in section 11 of this claim form. All documents supporting claim eligibility (including any responding to a Notice of Deficiency) must be submitted by the Documents Submission Deadline.

This claim form must be completed as thoroughly as possible to ensure prompt resolution of all claims; *submitting an incomplete form may result in delays in processing of the claim and/or disallowance of the claim*. Please type or print neatly within the spaces provided. If additional space is required to provide all relevant information, please attach additional copies of the relevant section of this form.

“**Presumed Qualified Class Members**” refer to persons who based on litigation documents have already been administratively determined to meet the class definition and Part A Basic Compensation Claim (**BCP**) qualification requirements. For Presumed Qualified Class Members the Claims Administrator has completed sections of the claim form based on those litigation documents and they may complete their application to the Settlement Fund for BPC- Part A benefits with minimal documentation. See POD §3.1.3.2. Class members whose Claimant Identification Number (“**CIN**”) ends with the letter “C” or “D” are on the Administrator’s Presumed Qualified Class Member List.

If possible, this claim form should be completed on-line. The on-line claim form is available on the Settlement Website at www.EmtalTalcSettlement.Com. **Required signature page and authorization forms will need to be printed, manually signed, scanned and uploaded in order to complete the Claim Submission Form.**

Section 1: Claimant Information			
Last Name	First Name	MI	Suffix
Social Security Number/Tax ID	Date of Birth (mm/dd/yyyy)	Claimant Identifier Number (if known) ¹	
Has claimant opted out of <i>Williams Action</i> Class Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is selected claimant is not eligible to submit a claims form and should not).		Email	

Section 2: Underlying Lawsuit Injured Person's Information			
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)	Date of Death (if applicable) (mm/dd/yyyy)
Is the Injured Party living? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was death asbestos-related? <input type="checkbox"/> Yes <input type="checkbox"/> No		Law Firm that filed the Underlying Lawsuit (if known)
Primary Claimant's Claimant Identifier Number (if known)			
Residence address of Injured Person (or deceased Injured Person's Personal Representative) at time of Underlying Lawsuit if known:			
City		State	Zip Code

Section 3: Basic Compensation Claim ("BCP") Requests (Part A Benefits)
Is the Claimant requesting BCP (Part A) Primary or Primary and Derivative Base Compensation shares? <input type="checkbox"/> Primary Only <input type="checkbox"/> Both Primary and Derivative (If a Derivative Base Compensation share is requested, please provide the names of all Derivative Claimants in Section 4. Attach additional copies of this page, if needed.)

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¹ If claimant has received a mailed copy of the Class Action Settlement's Notice from the Administrator, the Class member's Claimant Identifier Number ("CIN") appears on the coversheet found in front of the notice packet.

Section 4: Derivative Claimant Information (Complete only if a Derivative Base Compensation share is requested.)

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)		Date of Death (if applicable) (mm/dd/yyyy)
Where a Derivative Share claim is made, a copy of lawsuit documentation showing derivative claimant(s) were a party to the lawsuit must be provided, except for where the Derivative Claimant is on the Administrator's Presumed Qualified Class Member List.					
Please mark this box <input type="checkbox"/> if there are more than one Derivative Claimant and provide the above information for each using a copy of this page.					

Section 5: Law Firm Representation

Please provide the following information if the claimant is presently represented by an attorney for purposes of submitting this claim.

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

Section 6: Claim Information

Compensation Type (Please mark all that are requested and being applied for):

- Base Compensation Payments (BCP) Compensation Program (Part A)
- Supplemental Injury Severity (SIS) Based Compensation Program (Part B)
- Extraordinary Injury Fund (EIF) Compensation Program (Part C)

If EIF (Part C) is elected:

- Is the Claimant requesting a waiver of the EIF Eligibility Requirement? Yes No
- If a waiver is being requested, please attach an EIF Eligibility Waiver Form to this Claim Submission Form stating basis why the request should be granted. This form is available on the Settlement's Website form page. [www.EmtalTalcSettlement.com/_____.](http://www.EmtalTalcSettlement.com/)

Section 7: Injured Person's Asbestos-Related Injury Information

If applying for Part B SIS Compensation, please indicate below the **highest disease level** for which you believe the claim should be compensated based on the required evidentiary criteria.

- Part B claims must meet relevant medical criteria and be supported by either appropriate medical documentation as defined in the POD, or by a certified adjudication from one of the Qualified Asbestos Trusts. (Please refer to the POD for details.)
- Where the disease level is being established through a certified adjudication from one of the Qualified Asbestos Trusts, the POD requires still that a copy of a medical record or a medical report documenting the Injured Person's asbestos injury be supplied unless no supporting document exists or can be found after claimant has conducted a diligent search and inquiry. Where the required documentation is not available the claimant must then certify under oath that no supporting document is available following a diligent search and inquiry to locate one. A certification form for this purpose is available on the Settlement's Website form page. www.EmtalTalcSettlement.com/_____.

Disease Level Claimed (Select only one):

- Bilateral Non-Malignant Asbestos Disease (other than Severe Asbestosis) (Level I)
- Malignant Asbestos Disease other than Mesothelioma or Level III Lung Cancer. (Please specify type of other cancer: _____) (Level II)
- Primary Lung Cancer with evidence underlying Bilateral Asbestos Related Non-malignant Disease, or Severe Asbestosis (Level III)
- Mesothelioma (Level IV)
- Claimant requires Qualified Asbestos Trust Polling Assistance to determine disease and disease level. (See POD § 3.2.4.5.)

Certification of Prior Asbestos Disease Adjudication by a Qualified Asbestos Trust Option:

If the claimant chooses to rely on certification of prior asbestos disease adjudication by a Qualified Asbestos Trust to establish a qualifying asbestos disease and its level of severity, then an executed written *Qualified Asbestos Trust Release* Authorization Form available on the Settlement Website at www.EmtalTalcSettlement.Com must be completed and provided to the Administrator. The Qualified Asbestos Trust Release Authorization Form enables the Administrator to obtain a prior asbestos disease adjudication to a claimant's Part B claim from one or more of the following Preferred Qualified Asbestos Trusts. If an adjudication certification supporting the asbestos disease claimed cannot be obtained from one of the Preferred Qualified Asbestos Trusts, then the Administrator will attempt to obtain a supporting certification of prior disease adjudication from one of the Alternative Qualified Asbestos Trusts.

Preferred Qualified Asbestos Trusts

AC&S Asbestos Settlement Trust
ASARCO Asbestos Personal Injury Settlement Trust
Combustion Engineering Trust
G-1 Holdings Inc. Asbestos Personal Injury Settlement Trust
KACC Asbestos PI Trust
TH Agriculture and Nutrition, L.L.C. Asbestos Personal Injury Trust

Alternative Qualified Asbestos Trusts

The Manville Personal Injury Settlement Trust dated as of November 28, 1988.
The Travelers Common Law Direct Action Settlement Fund.

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Section 8: Personal Representative Information (if applicable)

Please provide the following for the representative. (A copy of representative's official capacity or estate documentation must be attached or supplied (if applicable per state law.)

Last Name	First Name	MI	Suffix
Capacity of Personal Representative (i.e. Administrator, Executor, Guardian, etc.)			
Mailing Address			
City	State	ZIP	Country
Phone () _____ - _____	Social Security Number/Tax ID	Email	

Section 9: Injured Person's Asbestos Litigation and Claim History

If an asbestos-related lawsuit has ever been filed on behalf of the injured party against Engelhard/BASF, please provide the following information:

(This section will be completed on behalf of Presumed Qualified Class Members or their estates if deceased, by the Settlement Administrator.)

Filing Date (mm/dd/yyyy)	State	Court	Docket Number
Engelhard/BASF Named as defendant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the lawsuit filed against Engelhard/BASF ever dismissed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of dismissal or termination: (mm/dd/yyyy) _____		
Name of the Law Firm who filed the lawsuit on behalf of the injured person			
Attorney Last Name		Attorney First Name	

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Section 10: Injured Person's Exposure to EMTAL Talc Products

Provide location information below at which the Injured Person's alleged exposure to a claimed asbestos-containing talc product manufactured sold, supplied, produced, distributed, released, advertised, or marketed by Engelhard/BASF or for which Engelhard/BASF has legal responsibility occurred.

- The POD requires that a copy of a pleading, interrogatory answer, or deposition testimony describing the Injured Person's alleged exposure be supplied unless no supporting document exists or can be found after claimant has conducted a diligent search and inquiry. Where documentation is not available claimant must then certify under oath that no supporting document is available. A certification form for this purpose is available on the Settlement's Website form page. <http://www.emtaltalcsettlement.com/>.
- Attach additional copies of this page if exposure at more than one location is being alleged.

Exposure No: 1 (Please number each additional exposure location 2, 3 etc.)

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	
Site(s) of Exposure (Attach copies of this page if necessary)		Qualifying Site Code (For Administrative Use Only)	
City		State	Country
Industry in which exposure occurred			
Names of all asbestos-containing products to which the injured party was exposed and for which the injured party alleges Engelhard/BASF is legally responsible.			

Section 11: 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 above 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)
Print Name Here	Relationship to Injured Party

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	

Deadline to File Claims:

The Claims Filing deadline for the filing of proofs of claim and supporting documentation with the Settlement Fund is _____, 2020. You should send this completed form and all supporting documentation to:

If by First Class Mail:

Williams Emtal Talc Settlement Fund
c/o Verus, LLC
P.O. Box 6535
Lawrenceville, NJ 08648

If by Hand Delivery or Overnight Mail:

Williams Emtal Talc Settlement Fund
c/o Verus, LLC
3967 Princeton Pike
Princeton, NJ 08540

You may alternatively submit this form and supporting documents electronically to the Administrator via the Settlement's Website, www.EmtalTalcSettlement.com. (Please see instructions on website on how to securely upload.)

Section 12: Checklist of Supporting Documents

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

Supporting documentation (Please review your submission to ensure it is complete):

Base Compensation Payments (BCP) Compensation Program (Part A)

- Litigation documentation supporting the lawsuit filed was filed and dismissed against Engelhard/BASF within the Class Period.
(Note, this is not required if on Administrator's Presumed Qualified Class Member List.)
- A copy of a pleading, an interrogatory answer, or a deposition testimony excerpt describing the Injured Person's alleged exposure to Emtal talc. If no supporting document exists or can be found after claimant has conducted a reasonable search and inquiry, claimant must submit a certification under oath that no supporting document is available. A certification form for this purpose is available on the Settlement's Website form page, www.EmtalTalcSettlement.com.
- If not on the Administrator's Presumed Qualified Class Member List, proof that the lawsuit was based on an injury believed to be caused by exposure to Emtal Talc including but not limited to:
 - a. Sworn statement from the attorney who filed the lawsuit confirming it was filed in good faith based on a credible injury claim;
 - b. Proof of exposure to Emtal Talc from a co-worker of the injured party such as (sworn statement, affidavit or deposition testimony);
 - c. Proof of employment at a site where credible records show that EMTAL talc was sold, shipped or delivered; or
 - d. Evidence generated before the conclusion of the lawsuit of meaningful exposure after 1966 including invoices, employment records, etc.
- Proof that the Claimant is the Injured Party or Injured Party representative identified in the lawsuit including but not limited to:
 - a. Proof that the Injured Party or Personal Representative is the individual who received notice by supplying notice identification number (e.g.- copy of notice coversheet), and/or

- b. Declaration from the law firm responsible for the suit. (See settlement website, **EmtalTalcSettlement.Com**, for a Declaration form.)

Supplemental Injury Severity (SIS) Based Compensation Program (Part B)

All of the required supporting documents of “Part A” plus:

- Either —
- a. Medical records establishing and supporting the diagnosis of the claimed Part B disease level (see POD for requirements and criteria) where claimant is not establishing, or is unable to establish, claimed Part B disease level through certification of a prior disease adjudication from a Qualified Asbestos Trust. This includes situations where a claimant is seeking a higher Part B disease level than was previously adjudicated by a Qualified Asbestos Trust due to disease progression); **or**
 - b. Where Claimant is establishing a Part B disease level though a certification of prior disease adjudication from a Qualified Asbestos Trust, both: (1) a signed Qualified Asbestos Trust Release Authorization Form; and (2) one medical record or a medical report that documents the Injured Person’s asbestos injury unless no supporting document exists or can be found after Claimant has conducted a reasonable search and inquiry (in which case Claimant must then provide a signed certification form attesting under oath after no supporting document is available after making a reasonable search and inquiry to locate one). (See Settlement website, **EmtalTalcSettlement.com**, for a certification form.)

For deceased injured parties:

- Death certificate.
- Letters of Administration or other proof of the personal representative’s official capacity.

EIF Claim (Part C)

- If requesting a waiver, a completed EIF Eligibility Waiver Form.
- Completed EIF Application Form.

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

Lien Questionnaire Requirement Notice

The Plan of Distribution requires all Claimants to complete a Lien Questionnaire. The Lien Questionnaire is available on EmtalTalcSettlement.com. The Settlement Fund will not make any payment awards to a Claimant until all Liens related to the Claimant’s Settlement Fund awards are resolved and/or provided for to the satisfaction of the Settlement Trustee where there exists a legal obligation on the Defendants, the Settlement Trustees, Class Counsel, or the Settlement Fund to withhold payment of a monetary award or settlement payment, or some portion thereof to a Settlement Class Member under applicable federal or state law.