

Williams Emtal Talc Settlement Fund

– Claim Submission Form for POD § 3.1.3.5.3. Claimants –

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 and has no estate open. (See POD§ 3.1.3.5.3.). Where the Injured Person is deceased and has no estate open the spouse of the deceased Injured Person, if living, or if such spouse is deceased, then a child of the deceased Injured Person (“**Decedent**”) acting with written unanimous consent of all other living children of the deceased Injured Person, may apply for the deceased Primary Claimant’s Part A share along with any Derivative Claimant’s Part A Share that may be due. **The claim to the Settlement Fund under this exception is limited to a request only for Part A compensation.**

Only one form should be submitted by a Primary Claimant claiming under POD§ 3.1.3.5.3. The claim form should include the claims of behalf 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 <small>(If Yes is selected claimant is not eligible to submit a claims form and should not).</small>				Email	
Mailing Address					
City	State	ZIP	Phone () _____		
Relationship to deceased Underlying Lawsuit's Injured Person: <input type="checkbox"/> Spouse of the Injured Person. <input type="checkbox"/> Child of the Injured Person acting with written unanimous consent of all other living children of the deceased Injured Person. <input type="checkbox"/> Only living child of the Injured Person.					

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	

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 notice's coversheet found in front of the notice packet.

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?

Primary Only 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.)

Section 4: Derivative Claimant Information (Must be complete as to spouse and each child (including adopted) of the deceased injured Person.)

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 also being 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 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	

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Section 6: Claim Information (Please check the box below acknowledging you have read and understand each of the below statements)

Compensation Type:

Applicable If Claimant is a child of the deceased Injured Person: I am also certifying that I am acting with written unanimous consent of all other living children of the deceased Injured Person.

I understand that in order to apply for compensation under the POD's other compensation programs (Supplemental Injury Severity (SIS) Based Compensation Program (Part B) or Extraordinary Injury Fund (EIF) Compensation Program (Part C), an existing estate and personal representative acting for the deceased Injured Person is necessary.

I understand and agree that for the purposes of this Claim Submission that as an eligible claimant under POD§ 3.1.3.5.3. that I have the authority to act for, bind and accept payment on behalf of Decedent, Decedent's estate, and all heirs, successors, assigns, legal representatives, and descendants of Decedent on account of claims against the William Emtal Talc Settlement Fund.

I understand and agree that I will be solely responsible for the proper distribution of any compensation benefits paid by the Settlement Fund to anyone with a right to it in whole or part.

I hereby agree to indemnify and hold harmless the William Emtal Talc Settlement Fund, the Settlement Trustee, the Parties to the Settlement Agreement, Class Counsel, and the Settlement Administrator up to the amount of compensation payments received from the Settlement Fund from any loss, cost, damage or expense arising out of, or in connection with, any claim, allegation, or assertion, actual or threatened, that another person or entity holds a rightful claim or entitlement to payment arising from the Decedent's claims against the William Emtal Talc Settlement Fund.

I am applying under POD §3.1.3.2. for Base Compensation Payments (BCP) Compensation Program (Part A) only and have read and understand the above statements.

Section 7: 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	

Section 8: 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.			

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Section 9: Declaration and Signatures

This Section must be manually (not electronically) signed and uploaded 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.

(Please see instructions on website on how to securely upload.)

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 complete and/or 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 10: 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.)
- If Claimant applying is the child of a deceased Injured Person with no open estate, a copy of the written consent of each living child of the deceased authorizing Claimant to act for them. Claimant may use the Consent and Authorization Form attached as Appendix A.

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.

Deceased Injured Person’s Children Authorization and Consent Form

Claimant and Underlying Lawsuit Injured Person			
Claimant’s Last Name	Claimant’s First Name	Claimant’s MI	Claimant’s Suffix
Injured Person’s Last Name	Injured Person’s First Name	Inj. Person’s MI	Inj. Person’s Suffix
Injured Person’s Social Security No.	Claimant Identifier Number (if known)		

The undersigned hereby consent(s) to and authorize(s) _____ (“Claimant”) to act on his/her behalf and as his/her agent and power of attorney in making a claim to the Williams Emtal Talc Settlement Fund. The undersigned also acknowledge(s) and agree(s) that Claimant shall be solely responsible for the proper distribution of any compensation benefits paid by the Settlement Fund to anyone with a right to it in whole or part. The undersigned further agree(s) that the Settlement Fund, Settlement Trustee, Parties to the Settlement Agreement, Class Counsel or Settlement Administrator shall have no duty or liability to him/her regarding the allocation or distribution of the Settlement Fund benefits paid to Claimant.

Print or type full name

Signature

Date

_____	_____	_____
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