

Claim Form: Aspen Series BB Settlement

In re Aspen Series BB Evaporator Coil Litigation

By completing and submitting this form, you are accepting the Settlement described within the Notice of Final Approval. If you do not execute and return a Claim Form, then you will not be eligible to receive any part of the Settlement benefits.

I. CLAIMANT INFORMATION:

Owner Last Name: _____ Owner First Name: _____

Co-Owner Last Name: _____ Co-Owner First Name: _____

Class Home Address: _____
Street City State Zip Code

Do you own this property now? YES _____ NO _____ (If NO, Date Sold: _____)

Year Class Home built:

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My Class Home contains the following number of air conditioning units (circle one): ONE TWO OTHER _____

NOTE: You must fill out a separate Claim Form for each home for which you are making a claim.

II. CONTACT INFORMATION/MAILING ADDRESS:

Class Member Mailing Address: _____
Street City State Zip Code

Owner Home Phone: (_____) _____ Owner Cell Phone: (_____) _____

Co-Owner Home Phone: (_____) _____ Co-Owner Cell Phone: (_____) _____

Email Address(es): _____

NOTE: If your claim requires an inspection, TCS will contact you within 30-90 days of receiving your Claim Form to schedule an inspection of your home to determine your eligibility to receive the settlement benefits.

III. PRIOR REPLACEMENT:

Have you already removed and replaced the Aspen Series BB units from your home? YES _____ NO _____

If YES, please provide documentation demonstrating that your home previously contained Aspen Series BB units – see website for acceptable documentation and proof (www.SeriesBBClass.com).

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I AGREE TO AN INSPECTION OF MY PROPERTY AND EXAMINATION OF MY RECORDS TO VERIFY THIS INFORMATION IF REQUIRED.

Owner/Co-Owner Signature

Date

THIS FORM MUST BE SIGNED TO BEGIN THE CLAIM HANDLING PROCESS.

Please make a copy of the completed form for your records.

<p>Mail Original to: TOTAL CLASS SOLUTIONS, LLC P.O. Box 869066 Plano, Texas 75086-9066</p>
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