ASARCO ASBESTOS PERSONAL INJURY SETTLEMENT TRUST

PROOF OF CLAIM FORM FOR PRE-PETITION LIQUIDATED ASBESTOS PERSONAL INJURY CLAIMS

Submit completed claims to: ASARCO Asbestos Personal Injury Settlement Trust Verus Claims Services, LLC 3967, Princeton Pike Princeton, NJ 08540 [or if submitting claims electronically, email completed form to: support@verusllc.com

Instructions for the 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 ASARCO¹ 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 ASARCO is obligated to pay the claimant. **Do not use this Claim Form if you are the holder of an Approved 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 ASARCO TDP. See Section 5.2(a) of the ASARCO 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 ASARCO 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

¹ Capitalized terms used herein and not otherwise defined shall have the meanings assigned to them in the ASARCO LLC Asbestos Personal Injury Settlement Trust Distribution Procedures (the "ASARCO TDP").

LEGAL REPRESENTATION

If counsel represents claimant, print or type the following information:

§ Attorney Last Name		§ First Name	§ MI
§ Name of Law Firm			
§ Street / PO Box / Suite	····		
§ City	§ State _	§ Zip Code _	
§ Attorney Phone No		§ Attorney Fax No	••
§ Attorney E-mail Address			

Part 1: Injured Party Information

§ Last Name	§ First Name	§ MI
§ Date of Birth///(Year)	§ Gender (M / F)	
§ Social Security No		

Part 2: Claimant Information (if different than Injured Party)

§ Last Name	§ First Name	§ MI		
\S Social Security No				
§ Relationship to Injured Party (choose one): <i>(Certificate of Official Capacity, other documentation complying with applicable state law, or certification in Part 4, below, must be provided)</i>				
Executor/Administrator/Trustee	🗌 Guardian			
Power of Attorney	Other			

Part 3: Claim Information

\S Describe the nature of the Injured Party's asbestos-related disease:			
🗌 Non-Malignant	Other Cancer (please specify:)		
Lung Cancer	Mesothelioma		
Date of Diagnosis:			
\S Claim amount as fixed or liquidated under the settlement agreement or pursuant to the jury verdict			
or judgment: \$. (Note: The liquidated value of the claim shall not include any		
punitive or exemplary damages, except as otherwise provided in Section 7.3 of the ASARCO TDP, but			
interest that has accrued as of the Petition Date may be included if provided for under the terms of			
the settlement agreement or under applicable state law for settlements or judgments.) 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: \$			
\S Date claim was established by verdict, judgment, or settlement agreement:///			
	(Month) (Day) (Year)		

Part 4: Signature Page

All claims must be signed by the Injured Party, or the person filing on the Injured Party's behalf (such as an authorized representative or attorney.)

If signed by the Injured Party or a person authorized by state law to file the claim on behalf of the Injured Party, I (the claimant) have reviewed the information submitted on this Claim Form and all documents submitted in support of this claim. I declare under penalty of perjury under the laws of the United States of America that all of the information submitted is accurate and complete and I (the claimant) have not previously relinquished my rights to such a claim against ASARCO or against the ASARCO Asbestos Personal Injury Settlement Trust.

If signed by claimant's counsel, I (counsel to the Injured Party or authorized representative) 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. In the event that the claim is filed by a person authorized under state law to file a claim on behalf of the Injured Party and a Certificate of Official Capacity or other estate documentation as may be applicable per state law is not submitted with this Claim Form, I further certify that this claim is filed on behalf of the Injured Party by a person authorized under state law to file this claim on behalf of the Injured Party.

Executed on this _____ day of ______, 20____

Signature of claimant, personal representative, or claimant's counsel

Please print the name and relationship to the claimant of the signatory above

Please review your submission to ensure it is complete.

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