

Election Form for Holders of Approved Pre-Petition Liquidated Asbestos Personal Injury Claims

To: ASARCO Asbestos Personal Injury Settlement Trust
c/o Verus Claims Services, LLC
3967 Princeton Pike
Princeton, NJ 08540
Facsimile: (609) 466-1449
E-mail: support@verusllc.com

Date: _____, 20__

Claimant's Name: _____, Social Security No. _____,
[insert claimant's name and social security number, or if law firm is submitting this form on behalf of more than one claimant, attach list with claimants' names and social security numbers]

holder of an Approved Pre-Petition Liquidated Asbestos Personal Injury Claim ("claimant"), hereby

elects to retain the liquidated amount of the Approved Pre-Petition Liquidated Asbestos Personal Injury Claim in the amount listed on the schedule provided by the Trust. By electing to retain the liquidated amount of the claim, I represent that I have checked my records and the amount of the claim is correct and has not otherwise been paid.

elects to file a claim with the ASARCO Asbestos Personal Injury Settlement Trust under the TDP, and hereby waives the liquidated value of the Approved Pre-Petition Liquidated Asbestos Personal Injury Claim.

Signed by Claimant or by attorney (if represented)

Date