

G-I Holdings Inc. Asbestos Personal Injury Settlement Trust

– Claim Form for Pre-Petition Liquidated Asbestos Personal Injury Claims –

This Proof of Claim Form for Pre-Petition Liquidated Asbestos Personal Injury Claims should be completed only for Asbestos Personal Injury Claims against G-I Holdings Inc.¹ 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 G-I Holdings Inc. is obligated to pay the claimant. **Do not use this Claim Form if you are the holder of an 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 G-I 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 G-I Holdings Inc. 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

Section 1: Injured Party Information			
Last Name	First Name	Middle Name	Suffix
Social Security Number	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Death (mm/dd/yyyy) (if applicable)

Section 2: Law Firm / Attorney Information			
Law Firm Name			Filer ID
Mailing Address			
City		State	Zip Code
Attorney Last Name	Attorney First Name	Attorney Middle Name	Attorney Suffix
Direct Telephone	Facsimile	E-mail Address	

¹ Capitalized terms used herein and not otherwise defined shall have the meanings assigned to them in the G-I Holdings Inc. Asbestos Personal Injury Settlement Trust Distribution Procedures (the “G-I TDP”).

Section 3: Basis of Claim

Describe the nature of the Injured Party's asbestos-related disease:

- Non-Malignant Other Cancer (please specify: _____)
- Lung Cancer 1 Mesothelioma

Diagnosis Date (mm/dd/yyyy)

Date claim was established by verdict, judgment or settlement agreement (mm/dd/yyyy)

Claim amount as fixed or liquidated under the settlement agreement or pursuant to the jury verdict or judgment: \$ _____

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: \$ _____

Section 4: Personal Representative (if applicable)

Last Name

First Name

Middle Name

Suffix

Social Security Number (optional)

Capacity of Personal Representative (i.e. Administrator, Executor, Guardian, etc.)

Mailing Address

City

State

Zip

Daytime Telephone

Section 5: Certification and Signature

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 G-I or against the G-I Holdings Inc. 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
- Release executed by the claimant in performance of the pre-petition settlement
- Release in the form accepted by the Trust

Submit Completed claims to:

G-I Holdings Inc. Asbestos Personal Injury Settlement Trust
c/o Verus Claims Services, LLC
3967 Princeton Pike
Princeton, New Jersey 08540

Facsimile: (609) 466-1449

Email: support@verusllc.com