

Aqueous Film-Forming Foam (AFFF) Products Liability Litigation (MDL 2873)

Public Water System Settlement Special Needs Claims Form

INSTRUCTIONS

Please follow the instructions below to submit a Special Needs claim for the AFFF Products Liability Litigation Settlement Program. A completed copy of this Special Needs Claims Form must be submitted no later than 45 days after submitting the Action Fund Claims Form. Late Special Needs Claims Forms will not be considered.

A Public Water System (PWS) may receive compensation for actions taken to reduce or eliminate the risk of supplying contaminated water. Special Needs may include, but are not limited to, drilling new wells, purchasing supplemental water, taking wells offline or rerouting pipes. Detailed supporting documentation must be submitted.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIMS FORM. THIS CLAIMS FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT www.PFASWaterSettlement.com.

For any questions about this Special Needs Claims Form, you may contact a Claim Representative at 1-855-714-4341 or info@pfaswatersettlement.com. Claims Forms submitted by mail should be sent to the Claims Administrator at the following address:

AFFF Public Water System Claims
PO Box 4466
Baton Rouge, LA 70821

SECTION 1. PUBLIC WATER SYSTEM (PWS) INFORMATION

Public Water System (PWS) Name			
PWS Identification Number (PWSID)		Employer Identification Number	_ _ - _ _ _ _ _

SECTION 2. SPECIAL NEEDS CLAIM INFORMATION

NARRATIVE OF NEED/ISSUE

Total Amount Claimed	\$ _____ . ____
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SECTION 3. CERTIFICATION AND SIGNATURE

By signing this Claims Form, Settlement Class Member represents and warrants the following for the benefit of the Settling Defendants:

- The Settlement Class Member has authority to release all Released Claims on behalf of itself and all other Persons who are Releasing Persons by virtue of their relationship or association with it.
- The Settlement Class Member authorizes the Claims Administrator and/or Special Master to take all necessary action to satisfy the Settlement Class Member's obligation with respect to Section 11.6 of the Settlement Agreement including, but not limited to, reporting any Allocated Amount in Box 3 of an IRS Form 1098-F and filing such forms with the IRS.

I hereby declare under penalty of perjury under the laws of the State of _____ that the information within this Claims Form and its attachments are true and correct to the best of my knowledge, information, and belief.

Authorized Representative's Signature:

Authorized Representative's Printed Name:

Executed this _____ day of _____ at _____ (County), _____ (State).

DOCUMENTATION REQUIREMENTS

1. A duly completed and executed IRS Form W-9 (or other information return required pursuant to Treasury Regulations Section 1.6050X-1 (a)(1)) for the PWS with respect to each Settling Defendant,
2. A duly completed written statement that satisfied the requirements of Treasury Regulations Section 1.6050X-1(c) with respect to each Settling Defendant,
3. A written authorization substantially in the form of Exhibit K attached to the Settlement Agreement for the Claims Administrator to file the forms set forth in item (1) with the IRS and to provide the written statements set forth in item (6) to each Settling Defendant.