AVON LIQUIDATION TRUST
PROOF OF CLAIM FORM

Submit completed claims to:
Avon Liquidation Trust
P.O. Box 315
Wilmington, DE 19899

File your claim more efficiently. Submit and manage your claim electronically through the Avon Liquidation Trust's (the "Trust") website. Visit www.avonliquidationtrust.com for more information.

Instructions for the Claim Form

Detailed instructions are attached to this Proof of Claim ("POC") Form.

Complete this claim form as thoroughly and accurately as possible. Should there be insufficient space to list all relevant information, please attach additional sheets. In addition to filing this Form, please ensure the following are enclosed:

- Death Certificate (if applicable)
- Certificate of Official Capacity or other estate documentation (if personal representative is filing form) if applicable per state law
- Medical records as required by the Avon Liquidation Trust Distribution Procedures (the "TDP") (*see* generally TDP Sections 4.3 and 4.4, and as otherwise and as requested in the instructions)
    - For Mesothelioma – Expedited Review ("ER") Claims
        - *See* TDP Section 4.3(b)
    - For Mesothelioma – Individual Review ("IR") Claims
        - *See* TDP Section 4.3(c)(1)
    - For "Other Diseases" – Individual Review Claims
        - *See* TDP Section 4.3(c)(2)
- Proof of Avon talc exposure (*see* Part 3 below), as further defined below and TDP Sections 4.3(b) and 4.4. and as set out in the instructions and TDP
- Documentation of Economic Loss (if applicable – see Part 5 below)
- If you are filing an IR claim (*see* TDP Section 4.3(c)) and have additional information you want the Trust to consider in evaluating your claim, please include these documents with this POC Form.
- Filing Fee of $500.00 (*see* TDP Section 5.3)
- Copy of Court Judgment (if applicable)
- Copy of tolling agreement (if applicable)

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Representation

If counsel represents the Claimant, provide the following information:

1. Name of Law Firm: _____

2. Firm Address: _____

3. Firm Phone Number: _____

4. Attorney Name: _____ _____ ____
(Last) (First) (MI)

Attorney Phone Number: ( ) _____

Attorney Email: _____

5. Alternate Contact at Law Firm: _____ _____ ___
(Last) (First) (MI)

Title:_____

Contact Phone: ( ) _____

Contact Email: _____

Part 1: Claimant Information

1. Name: _____ _____
(Last) (First) (MI)

2. Social Security Number: _____-_____-_____

3. Gender: Male _____ Female _____ 4. Date of Birth: _____/_____/_____
(month) (day) (year)

5. Is the Claimant living? Yes_____ No _____

6. If Injured Party is deceased, please complete the following: **(Death Certificate must be enclosed)**

6a. Date of death: _____/_____/_____
(month) (day) (year)

6b. Was death talc-related? Yes _____ No _____

7. If the Claimant is living and not represented by counsel, please complete the following:

7a. Mailing address: _____
(street/PO Box)
_____
(city/state/zip)

7b. Phone Number: ( ) _____- _____

7c. Email Address: _____

8. If the Claimant is deceased or has a personal representative or heir other than, or in addition to, his/her attorney, please indicate the following for the representative. **(Certificate of Official Capacity or other estate documentation must be enclosed per state law.)**

8a. Name: _____ _____ _____
(Last) (First) (MI)

8b. Social Security Number: _____-____-____ or Tax ID Number:_____

8c. Mailing Address: _____
(street/PO Box)
_____
(city/state/zip)

8d. Phone Number: ( ) _____ - _____

8e. Email Address: _____

8f. Relationship to Injured Party: _____
(spouse, child, etc.)

9. Please provide the following information for Medicare Reporting purposes:

☐ Check this box if the Claimant's Exposure ended before December 5, 1980.

Please note that if the Claimant is unable or chooses not to answer question 9, the Trust will presume exposure on or after December 5, 1980 for Medicare Reporting purposes only. This presumption will not affect the calculation of an Injured Party's exposure for purposes of meeting the TDP's exposure requirements.

Part 2: Diagnosed Disease

1. Place an X next to disease asserted and for which medical documentation is attached to this claim form. If you select Other Diseases, please indicate the Diagnosed Disease. See instructions for a list of specific medical criteria and records that must be enclosed for each Diagnosed Disease. (Check only one disease)

☐	**Mesothelioma –** check box below: ☐ **Expedited Review Process (ER)** ☐ **Individual Review Process (IR)**
☐	**Other Disease (IR Only)** **Diagnosed Disease: _____**

2. Date of Diagnosis: _____/_____/_____
(month) (day) (year)

2(a). If Claimant was previously diagnosed with an asbestos-related disease, indicate the diagnosed disease: _____ and the
date of the diagnosis: _____/_____/_____
(month) (day) (year)

The claim must meet the relevant medical criteria and be supported by appropriate medical documentation as defined in the TDP. The medical criteria for the Diagnosed Disease are detailed in the instructions and the TDP.

Part 3: Exposure to Avon Talc

3(a) - To be completed for both IR and ER claims[1]

Claimant must provide the following regarding his or her **Required Debtor Talc Exposure Information** (TDP, 4.3(b), 4.3(c)(2)) by affidavit or sworn statement (ER only) or by verified answers to interrogatories or deposition testimony (IR claims):

1. The name(s) of the Debtor talc product(s) to which the Claimant was exposed:
   _____

2. The type of Debtor talc product to which claimant was exposed (e.g., body powder or make-up):
   _____

3. How the Claimant was exposed to the Debtor talc product (i.e., was the product applied with a shaker container, a puffer, or a brush, or was it applied/did the exposure occur in some other manner):
   _____

4. The time frame in which the Claimant was exposed to the Debtor talc product (i.e., the months and years);
   From _____ to _____

5. The frequency of the Claimant's use of the Debtor talc product (i.e., daily, twice daily, etc.);
   _____

6. The duration of the Claimant's use/application of the Debtor talc product (i.e., how many minutes did each use/application typically last):
   Minutes_____
   and;

7. Provide information regarding where and when each Debtor talc product to which the Claimant was exposed was purchased.
   _____
   _____

[1] *If additional space is required, please photocopy this page and insert after current page.*

3(b) - <u>For Mesothelioma claims only (IR and ER)</u> (TDP, 4.4(b))

Attach evidence (such as verified answers to interrogatories or deposition testimony (IR) or an affidavit or sworn statement based on personal knowledge (ER)) demonstrating that the Claimant had **Regular Exposure to Debtor Cosmetic Talc** for a period of at least three (3) years to talc products processed, milled, manufactured, sold, and/or distributed by a Debtor or by any other Entity for whose conduct a Debtor has liability.

3(c) - <u>For Mesothelioma IR claims only</u> (TDP, 4.3(c)(1))

Mesothelioma Claimants seeking IR must attach to the POC either *verified answers to interrogatories or deposition testimony under oath* that provide the following information; 1) whether the Claimant used non-Debtor talc products and the extent of such use; and 2) whether the Claimant had occupational or industrial or other exposure (whether direct or bystander) to asbestos or asbestos products other than what is alleged in cosmetic talc products and the extent of such exposure.

3(d) – <u>For Other Disease claims</u> (TDP, 4.3(c)(2))

The Other Disease Claimant must attach to the POC either *verified answers to interrogatories or deposition testimony under oath* that establish that the Claimant had no significant occupational or industrial exposure (whether direct or bystander) to asbestos or asbestos products or to non-Debtor talc products.

☐ Check this box to indicate that Claimant's only talc/asbestos exposure was to Debtor talc products.

Part 4: Litigation/Claims History

1. Has an asbestos or talc lawsuit ever been filed on behalf of the Claimant? Yes____ No____

   a. Disease alleged: _____

   b. Was Avon named as a defendant? Yes____ No____

   c. State in which the suit was filed: _____

   d. Name of court in which the suit was filed: _____

   e. Case number: _____

   f. Date the suit was originally filed: _____/_____/_____
   (month) (day) (year)

   g. Has the Claimant received money from Avon or by any other Entity for whose conduct a Debtor has liability regarding this suit?

   Yes____ No____

   h. Did the Claimant sign a release releasing Avon or by any other Entity for whose conduct a Debtor has liability regarding this suit?

   Yes____ No____

   i. Were the claims dismissed? Yes____ No____

   If yes, date of the dismissal: _____

2. If the answer to question 1 above is Yes, was a final non-appealable judgment entered? Yes _____ No _____

   2a. If the answer to question 2 above is Yes, provide a copy of the judgment.

   2b. If the answer to question 2 above is No, was an appeal filed by Avon or the plaintiff in connection with the suit? Yes____ No____

   2c. If the answer to question 2b above is Yes, please provide the case number of the appeal and indicate whether a letter of credit, appeal bond, supersedeas bond or other security or surety was issued in connection with the appeal, verdict, or judgment.
   _____

3. If the answer to question 1 or 1(b) above is No, in which state/jurisdiction would the Claimant qualify to be evaluated pursuant to TDP Section 4.3(c)(1)? _____

3a. Is this the jurisdiction where the Claimant resided at the time of diagnosis?
Yes____ No____

3b. Is this the jurisdiction where the Claimant experienced Debtor Talc Exposure?
Yes___ No___

3c. Does the Claimant intend to file a lawsuit?
Yes___ No___

4. Did the Injured Person or Law Firm and Avon have a tolling agreement?
□ Yes →***Submit copy of tolling agreement*** □ No

4a. Date the tolling agreement began: _____/_____/_____
(month) (day) (year)

4b. Has the tolling period ended: □ Yes → Date ended:_____ □ No

Part 5: Employment Information for Economic Loss – IR Claims Only

Complete this section if an economic loss is asserted.

1. Current Employment Status of the Claimant:
   - ☐ Full-time, outside the home
   - ☐ Full-time, within the home
   - ☐ Part-time, outside the home
   - ☐ Part-time, within the home
   - ☐ Retired
   - ☐ Disabled
   - ☐ Deceased

2. Amount of last annual wages: $_____

3. Date of last wage received: _____/_____
   (month) (year)

Provide information regarding dependents. *If additional space is required, please photocopy this page and insert after current page.*

1. Name: _____ 2. Date of Birth: _____/_____/_____
(Last) (First) (MI) (month) (day) (year)

3. Relationship:
- ☐ Spouse
- ☐ Child
- ☐ Heir
- ☐ Other _____

4. Financially Dependent:
- ☐ Yes
- ☐ No

If an Economic Loss is claimed, an economic report, IRS Form W-2, the first page of IRS Form 1040, or other relevant supporting documentation must be attached to the POC.

Part 6: Smoking History

For each item, indicate whether the Claimant smoked. Indicate the dates cigarettes or cigars were used, and the amount per day. Indicate fractional packs or fractional cigars as appropriate, *e.g.*, three and one-half packs or cigars would be entered as 3.5. ***This only needs to be completed for Other Disease Talc Claimants asserting lung cancer.***

1. Has the Claimant ever Smoked Cigarettes**?**

   Yes _____ No _____

   From: _____ / _____
   month year

   To: _____ / _____
   month year

   Packs per day: _____ (use decimal)

2. Has the Claimant ever Smoked Cigars?

   Yes _____ No _____

   From: _____ / _____
   month year

   To: _____ / _____
   month year

   Cigars per day: _____ (use decimal)

Part 7: Signature Page

All claims must be signed by the Claimant, or the person filing on his/her behalf (such as the personal representative or attorney).

If signed by the Claimant or the personal representative, I (the Claimant or personal representative) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. Upon information and belief, I hereby certify, under penalty of perjury, the information submitted is accurate.

If signed by the Injured Party's counsel, upon information and belief, I hereby certify, under penalty of perjury, that the information submitted is accurate.

Signature of Injured Party, personal representative, or Claimant counsel.

Please print the name and relationship to the Claimant of the signatory above.

Date: _____/_____/_____
(month) (day) (year)

Please review your submission to ensure it is complete and includes the following documents as applicable.

- ☐ Death Certificate (if applicable)
- ☐ Certificate of Official Capacity or other estate documentation (if personal representative is filing form) if applicable per state law.
- ☐ Medical Records as required by the TDP and as requested in the instructions.
- ☐ Proof of exposure as required in the TDP and requested in the instructions.
- ☐ Copy of Court Judgment (if applicable)
- ☐ Copy of tolling agreement (if applicable)
- ☐ Documentation of Economic Loss (if Part 5 is applicable)