

CHINESE DRYWALL SETTLEMENT PROGRAM

MDL 2047

Chinese Drywall Settlement Program Bodily Injury Affidavit

Pursuant to the Court Approved Settlement Agreement regarding Other Loss Fund Benefits, any Individual seeking reimbursement for bodily injury allegedly attributable to Chinese Drywall must submit an affidavit (i) attesting that all Pharmacy Records and all Medical Records have been collected and (ii) attesting that all Pharmacy Records and all Medical Records have been produced pursuant to Section 4.7.2.3, along with an index or list identifying the source of said records. The Settlement Administrator may consider this Affidavit in making a determination of eligibility, but the submission of this Affidavit does not constitute conclusive proof of the facts stated herein. This Affidavit will not be considered unless it is personally signed by the claimant. To submit this Affidavit, upload it directly to the Chinese Drywall Settlement Portal at <https://www3.browngreer.com/drywall>. If you intend to use this Affidavit to provide information about multiple properties, attach a list of properties as a separate sheet and upload it directly to the Chinese Drywall Settlement Portal for each Affected Property to which the Affidavit applies. If you cannot upload this Affidavit to the Chinese Drywall Settlement Portal, email it to CDWQuestions@browngreer.com, or send by U.S. Mail to:

**Chinese Drywall Settlement Administrator
P.O. Box 25401
Richmond, Virginia 23260**

A. Claimant Information

| | | | |
|--|---|------------|----------------|
| 1. Name: | Last Name | First Name | Middle Initial |
| 2. Chinese Drywall Settlement Program Claimant ID Number: | _ _ _ _ _ _ _ _ _ _ _ | | |
| 3. Social Security Number or Individual Taxpayer Identification Number: | SSN or ITIN _ | | |
| 4. Affected Property Identification Number (if you know it): | _ | | |
| 5. Affected Property Address: | Street | | |
| | City | State | Zip Code |
| 6. I have submitted all pharmacy records since January 1, 2005. | <input type="checkbox"/> Yes | | |
| 7. I have submitted all medical records since January 1, 2005. | <input type="checkbox"/> Yes | | |

B. Certification

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that I have read and reviewed the Chinese Drywall Settlement Program Bodily Injury Claim Form, and evidence submitted in support of this claim and certify under penalty of perjury that all information contained therein is true, accurate, and complete to the best of my knowledge. I understand that false statements or claims made in connection with this Affidavit and my claim may result in fines, imprisonment, and/or any other remedy available by law and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution. I certify that I have made a good faith effort to obtain documentary evidence in support of my claim, and that if I obtain documentary evidence after I submit this Affidavit I will provide this evidence to the Settlement Administrator as soon as practicable, but no later than any other relevant deadlines set by the Settlement Administrator.

C. Signature

| | | | | |
|--|-----------|------------|----------------|--------------------------------|
| Claimant or Representative Signature: | | | Date: | _ / _ / _ (Month/Day/Year) |
| Claimant or Representative Name: | Last Name | First Name | Middle Initial | |