

CHESSER CLASS FAMILY UNIT CLAIM INFORMATION FORM

PLEASE COMPLETE THIS FORM AND RETURN BY MONDAY, MARCH 31, 2008,
(EXTENDED FROM JANUARY 31, 2008 FOR CLASS CIRCUMSTANCE).

NOTE: IT IS IMPORTANT TO SUBMIT THIS FORM ON TIME TO ENSURE PROPER INCLUSION IN THE CLASS.

Please complete all three (3) pages of this form and have it notarized and returned to us by March 31, 2008.
To notarize this form, sign page three (3) in front of a notary and have them notarize the form.

Please return this notarized claim form in the enclosed prepaid envelope to:

Karen D. Meyers, MBA/JD, MED, CPCU, CLU, FLMI, CSSC
Settlement Master - Cheshier Class Qualified Settlement Fund
2651 Observatory Avenue
Cincinnati, Ohio 45208

Please PRINT your answers as clearly as possible. Thank you.

Name of Deceased _____

Date of Death of the Deceased _____

Your Relationship to Deceased _____

Your Name _____

Address _____

Phone Number _____

INDIVIDUAL FAMILY MEMBERS

Surviving Spouse of Deceased

Name _____

Address _____

Still Living? (Check one please.) Yes No If No, Date of Death _____

Children Living at the Date of the Deceased's Death*

Name _____

Name _____

Address _____

Address _____

Still Living? (Check one.) Yes No

Still Living? (Check one.) Yes No

If No, Date of Death _____

If No, Date of Death _____

Name _____

Name _____

Address _____

Address _____

Still Living? (Check one.) Yes No

Still Living? (Check one.) Yes No

If No, Date of Death _____

If No, Date of Death _____

Parents Living at the Date of the Deceased's Death

Name _____

Name _____

Address _____

Address _____

Still Living? (Check one.) Yes No

Still Living? (Check one.) Yes No

If No, Date of Death _____

If No, Date of Death _____

Brothers and Sisters Living at the Date of the Deceased's Death*

Name _____

Name _____

Address _____

Address _____

Still Living? (Check one.) Yes No

Still Living? (Check one.) Yes No

If No, Date of Death _____

If No, Date of Death _____

Name _____

Name _____

Address _____

Address _____

Still Living? (Check one.) Yes No

Still Living? (Check one.) Yes No

If No, Date of Death _____

If No, Date of Death _____

Next of Kin Living at the Date of the Deceased's Death Who Suffered Serious Emotional Distress

Because of the Issues Related to The Chesher Class (See Plan Document pages 6 and 7 for further information.)*

Name _____

Name _____

Address _____

Address _____

Still Living? (Check one.) Yes No

Still Living? (Check one.) Yes No

If No, Date of Death _____

If No, Date of Death _____

Name _____

Name _____

Address _____

Address _____

Still Living? (Check one.) Yes No

Still Living? (Check one.) Yes No

If No, Date of Death _____

If No, Date of Death _____

*If you need to list additional names other than those on pages 1 and 2, please put them on page 3.

List Additional Children, Brothers, Sisters and Next of Kin below if there were not enough blanks on pages 1 and 2.

Name _____

Address _____

Relationship to Deceased _____

Still Living? (Check one.) Yes No

If No, Date of Death _____

Name _____

Address _____

Relationship to Deceased _____

Still Living? (Check one.) Yes No

If No, Date of Death _____

Name _____

Address _____

Relationship to Deceased _____

Still Living? (Check one.) Yes No

If No, Date of Death _____

Name _____

Address _____

Relationship to Deceased _____

Still Living? (Check one.) Yes No

If No, Date of Death _____

Name _____

Address _____

Relationship to Deceased _____

Still Living? (Check one.) Yes No

If No, Date of Death _____

Name _____

Address _____

Relationship to Deceased _____

Still Living? (Check one.) Yes No

If No, Date of Death _____

NOTICE:

TO PROTECT THE CHESHER CLASS YOU MUST SIGN THIS DOCUMENT IN FRONT OF A NOTARY. If all handwriting is clear, the next step is the mailing of the Individual Claim Form (anticipated mailing date is on or before March 31, 2008).

I, _____, ATTEST THAT THE
(Please print your name.)

ABOVE FORM IS COMPLETE TO THE BEST OF MY KNOWLEDGE.

Your Signature _____

Sworn to and subscribed before me this _____ day of _____ 200__.

Notary Public _____

State of _____

My Commission expires on _____