

## CLAIM FORM INSTRUCTIONS

To make a claim through the claims process for benefits that may be available as a result of the Settlement reached in the Litigation captioned *Gulbankian, et al. v. MW Manufacturers, Inc.* and *Hartshorn, et al. v. MW Manufacturers, Inc.*, you must fill out the following Claim Form as completely as you can and send it to the following address:

Gulbankian v. MW Manufacturers  
Settlement Administrator  
PO Box 2995  
Portland, OR 97208-2995

**You must submit your notarized claim by the later of one year from the Effective Date, or the end of the Warranty Period applicable to the window that is the subject of your claim.**

Capitalized terms that are used herein and not defined have the meanings set forth in the Settlement Agreement.

Each property owner making a claim must submit a separate Claim Form. You may obtain extra copies by calling the Settlement Administrator at 1-866-752-0068. You may also obtain extra copies online at [www.MWManufacturersVinylCladWindowSettlement.com](http://www.MWManufacturersVinylCladWindowSettlement.com).

All photographs submitted with this Claim Form should be labeled with (1) the Claimant's name and address, and (2) the location in the Structure of the window shown, if applicable. The Claimant must identify exactly which window is depicted in each photograph. **All photographs must be in focus and comply with the instructions in this Claim Form.**

**No materials submitted to the Settlement Administrator will be returned to you. Accordingly, do not submit any original documents.**

A class member submitting a claim may be contacted by the Settlement Administrator for additional information regarding the class member's claims. **If you do not provide the additional information requested within thirty (30) days from the date on the letter from the Settlement Administrator, your claim may be denied.** If your claim is denied for failure to provide such additional evidence, you may begin a new claim by submitting a new Claim Form so long as that new claim is submitted prior to the later of one year from the Effective Date, or the end of the Warranty Period applicable to the window that is the subject of your claim.

If the Claims Reviewer approves your claim in whole or in part, the Settlement Administrator will send you a check and, if applicable, an explanation of which part of your claim is approved and which part is denied. By cashing the check, you accept that amount as payment for your claim and you may not appeal the decision with respect to the claim.

If your claim is denied in whole or in part, you may appeal the denial to the Independent Claims Reviewer. **If you wish to do so, you must inform the Settlement Administrator in writing within thirty (30) days of the date on the letter denying your claim in whole or in part.** So long as your submission is within the Claims Deadline, you may also submit another claim for the window subject to the denial once every year from the date that you receive notice of the denial of your claim from the Settlement Administrator.

Capitalized terms used herein and not defined have the meanings set forth in the Settlement Agreement.













7. Have you submitted any previous claims under this Settlement for the window(s) that is/are the subject of this claim?

Yes  No

If yes, please state:

a. the date of the claim:

-  -   
MM DD YYYY

b. the nature of the damage alleged in the prior claim:

c. the outcome of the claim:

d. the amount paid, if any:

\$  .

**V. Ownership Documentation**

1. Please attach documentation that verifies that you are the current owner (or are a former owner who has retained the right to sue through an assignment) of the property containing the MW vinyl-clad, wood-framed window(s) that is/are the subject of this claim. If the Structure is a condominium, owned apartment, co-op, or other Structure with shared ownership, please attach documentation establishing that you have legal standing to sue for damages to the window at issue, such as the Condominium Declarations and/or By-Laws.

Examples of sufficient documentation of current property ownership include a copy of the most recent property tax bill, declaration page from a policy of title or homeowners insurance, or mortgage statement. If you are a former homeowner who has retained the right to sue through an assignment, you **must** provide a written assignment agreement executed by you and the buyer of the property indicating that you retained the right to pursue a remedy against MW for damage to the window(s) that is/are the subject of this claim, as well as the evidence described above for the period for which you were the homeowner.

2. Identify whether you have assigned to any other person any rights you have with respect to the window(s) that is/are the subject of this claim.

Yes  No

If yes, please state:

Name of person assigned to:

Date of Assignment:

-  -   
MM DD YYYY



Circumstances leading to the assignment:

Please attach any documentation related to the assignment, including any written evidence of the assignment itself.

**VI. Additional Information**

Please provide any additional information that you believe would be helpful in evaluating your claim:

**VII.** By the filing of this Claim Form, you hereby submit to the jurisdiction of the United States District Court for the District of Massachusetts for the purposes of this claim.

**VIII.** The benefits provided by the Settlement are for otherwise unreimbursed damages, costs, and expenses incurred by you related to damage covered by the Settlement. By submitting this Claim Form, you verify that, other than what you disclosed in the Claim Form, you have not been reimbursed or compensated for the damages, costs, and expenses that you are seeking in this Claim Form.

**IX. Certification Under the Penalty of Perjury**

Pursuant to 28 U.S.C. Section 1746, I declare under penalty of perjury that the answers and statements made in this Claim Form are true and accurate, that all enclosures are true and correct copies of the documents, that all photographs submitted accurately depict the condition of the window shown, and that:

1. The Social Security number or Taxpayer Identification Number provided is correct;
2. the Claimant is NOT subject to backup withholding because: (a) the Claimant is exempt from backup withholding, or (b) the Claimant has not been notified by the Internal Revenue Service (IRS) that the Claimant is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Claimant that he or she is no longer subject to backup withholding; and
3. the Claimant is a U.S. citizen or other U.S. person.

**You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.**

**The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.**

Enter your Taxpayer Identification Number below.

Social Security Number:

-   -

Taxpayer Identification Number:

-

In addition, please answer the following questions:

1. Are you seeking reimbursement for a structure/product that you no longer own?  
 Yes     No
2. Did you deduct the cost of installation of the product on your federal tax returns?  
 Yes     No

3. Did you deduct the cost of repairs of the product on your federal tax returns?

Yes  No

By signing this Claim Form, I certify under the penalty of perjury that the information I provided in this Claim Form is true and correct to the best of my knowledge.

Subscribed and sworn to before me this:

Executed this \_\_\_\_\_ day of \_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_  
(Month/Year) (City) (State/Country)

Signature of Notary

Expiration Date 

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MM DD YYYY

Notary Stamp / Seal

Signature of Claimant

Date 

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MM DD YYYY

Print Name of Claimant

Signature of Joint Claimant, if any

Date 

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MM DD YYYY

Print Name of Joint Claimant