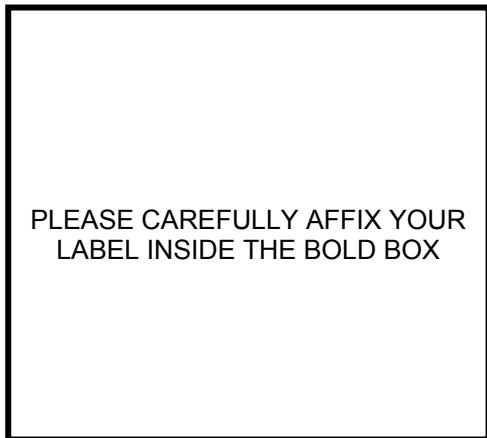


# NOTICE OF INTENT SETTLEMENT ACCEPTANCE FORM

## 1. USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET.



### CONTACT INFORMATION UPDATES:

1. Social Security Number: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_-\_\_\_\_-\_\_\_\_
3. POC#: \_\_\_\_\_ 4. SID# \_\_\_\_\_
5. \_\_\_\_\_  
New Last Name
6. \_\_\_\_\_  
New Address
- \_\_\_\_\_  
City State Zip Code
7. Daytime Phone: (\_\_\_\_) \_\_\_\_\_
8. Evening Phone: (\_\_\_\_) \_\_\_\_\_
9. Attorney's Name/Address/Phone/Fax:  
\_\_\_\_\_

## 2. "Read the following language carefully."

By signing below, I accept the NOI Settlement and seek compensation now. I further understand that I am accepting all terms as described in the "Consent Order Resolving The Motions Of Dow Corning Corporation To Establish Procedure To Match Notices Of Intent To Rule 3005 Claims And Limit Participation In Settlement Program By Non-Matched Notice Of Intent Filers."

I also understand that by submitting this form, I cannot revoke my decision at a later date. I understand that I have the right to consult with an attorney regarding this NOI Settlement.

Please process my claim(s) as soon as possible.

## 3. PLEASE SIGN THE FORM BELOW.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Attorney, Claimant, Executor/Administrator, or Guardian