ARMSTRONG WORLD INDUSTRIES, INC. ASBESTOS PERSONAL INJURY SETTLEMENT TRUST INDIRECT PI TRUST CLAIM FORM

Submit completed form to:

AWI Asbestos Personal İnjury Settlement Trust P.O. Box 1079 Wilmington, DE 19899-1079

For purposes of this form, the "Indirect Claimant" is the entity seeking contribution, indemnification, or other payment from the Trust pursuant to Section 5.6 of the Trust Distribution Procedures ("TDP"). The "Direct Claimant" is the injured person whose underlying personal injury or wrongful death case or claim gave rise to the Indirect Claim.

Each Indirect PI Trust Claim will be evaluated individually. A separate Indirect PI Trust Claim Form must be submitted for each underlying Direct Claim.

Complete this Indirect PI Trust Claim Form as thoroughly and accurately as possible. Should there be insufficient space on this form to list all relevant information, please attach additional sheets.

SECTION A: INDIRECT CLAIMANT INFORMATION

A1. Identification of Indirect Claimant

Name of Indirect Claimant:
Street Address:
Federal Employer Identification Number (EIN):
Nature of Business:
Name of Contact Person:
Title:
Street Address (if different from above):
E-mail Address:
Telephone Number:
Fax Number:

A2. Identification of Counsel Representing Indirect Claimant Name of Attorney: Name of Law Firm: Street Address: E-mail Address: Telephone Number: _____ Fax Number: A3. Amount of Indirect Claim Total Amount Claimed: \$_____ A4. Identification of Direct Claimant (Injured Party) Name of Direct Claimant: Social Security Number: ____-__ Date of Birth: ___ (month) (day) (year) Disease/injury for which the Indirect Claimant compensated the Direct Claimant:_____ SECTION B: LEGAL BASIS FOR INDIRECT CLAIM **B1.** Legal Basis Asserted Is this a claim based upon a right of contribution? Yes _____ No ____ If yes, identify the state law/jurisdiction applicable to the contribution claim and the basis therefor: Have you paid in full a joint-and-several judgment in favor of the Direct Claimant? Yes _____ No ____ Have you entered into a settlement with the Direct Claimant and paid it in full? Yes _____ No _____ Did you obtain a full release in favor of the PI Trust or Armstrong World Industries, Inc. ("AWI") from the Direct Claimant? Yes _____ No ____ If applicable, please provide documentation of the satisfaction in full of the joint-and-several judgment

and/or the release of the PI Trust or AWI by the Direct Claimant.

B2. Proof of Payment

Proof of Payment by the Indirect Claimant to the Direct Claimant is required. Provide copies of canceled checks or verified payment vouchers showing that you paid the Direct Claimant (or a party who paid the Direct Claimant on your behalf) in the amount claimed.

B3. Theory of Recovery

subrogation, or o	actual bases of your claim for contribution, indemnification, is insufficient, please provide this information on a separate
	or part of AWI or the PI Trust's alleged equitable share of or wrongful death claim? Yes No
Please identify:	\$ Total Liability to the Direct Claimant
	\$ Indirect Claimant's Share of Total Liability to the Direct Claimant
	\$ Total Amount Paid by the Indirect Claimant to the Direct Claimant
	\$ Total Alleged Liability of the PI Trust or AWI to the Direct Claimant Paid by the Indirect Claimant

	co-defendants of the total liability to the Direct Claimant.	
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e you aware of any pa	ayment by AWI or the PI Trust in respect of this claim? Yes	_ No
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SECTION C: PROOF OF CLAIM AND RELATED CLAIMS INFORMATION

C1. Proof of Claim
Did the Indirect Claimant file a Proof of Claim in the AWI bankruptcy case? Yes No
If yes, attach a copy of the Proof of Claim.
C2. Related Claims
Have you sought, are you seeking, or do you plan to seek contribution, indemnification, or other such relief from any other entity or individual in relation to the Direct Claimant identified herein? Yes No
If yes, please provide the following information for each entity or individual, and attach copies of any relevant complaints, judgments, or settlement agreements.
Name of Entity or Individual:
Amount of Claim: \$
Basis of Claim:
Status or Outcome of Claim:
If the claim is in the nature of a lawsuit or other dispute resolution proceeding, please identify the court or other dispute resolution forum, including the case number and state/jurisdiction:

SECTION D: SIGNATURE

D1. Signature of Representative of Indirect Claimant

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS CLAIM FORM IS TRUE AND COMPLETE. I UNDERSTAND THAT THIS CLAIM FORM IS SUBMITTED UNDER PENALTY FOR REPRESENTATION OF A FRAUDULENT CLAIM IN ACCORDANCE WITH 18 U.S.C. § 152.

First Name, Middle Name, Last Name of Representative of Indirect Claimant (Must be a Corporate Officer or Counsel)	Signature
Title	