

**MUST BE POSTMARKED  
OR RECEIVED NO  
LATER THAN  
DECEMBER 8, 2016**



FOR INTERNAL USE  
ONLY

**UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA**

FÖRSTA AP-FONDEN AND DANSKE INVEST  
MANAGEMENT A/S, Individually and on Behalf of All  
Others Similarly Situated,

Civil No. 12-3070 (JNE/HB)

Plaintiffs,

**CLASS ACTION**

v.

ST. JUDE MEDICAL, INC., DANIEL J. STARKS, JOHN  
C. HEINMILLER, ERIC S. FAIN, MICHAEL T.  
ROUSSEAU, and DONALD J. ZURBAY,

Defendants.

**PROOF OF CLAIM AND RELEASE FORM**

**GENERAL INSTRUCTIONS**

1. Capitalized terms not defined in this Proof of Claim and Release form (“Claim Form”) have the meanings ascribed to them in the Notice of (I) Proposed Settlement of Class Action; (II) Motion for an Award of Attorneys’ Fees and Reimbursement of Expenses; and (III) Settlement Fairness Hearing (“Settlement Notice”) that accompanies this Claim Form and the Stipulation and Agreement of Settlement, dated July 7, 2016 (“Stipulation”).

2. It is important that you completely read and understand the accompanying Settlement Notice. The Settlement Notice describes the proposed Settlement of the above-captioned action (“Action”), how Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. By signing and submitting this Claim Form, you will be certifying that you have read and understand the Settlement Notice, including the terms of the releases described therein and provided for herein.

3. To be potentially eligible to recover from the Net Settlement Fund in *Första AP-Fonden and Danske Invest Management A/S v. St. Jude Medical, Inc.*, Civil No. 12-3070 (JNE/HB) (D. Minn.), you must complete and, on page 6, sign this Claim Form, and submit your Claim Form to the Claims Administrator as instructed below. If you fail to submit a properly completed and addressed Claim Form by the date specified below, your claim may be rejected and you may be precluded from receiving any recovery from the Net Settlement Fund created in connection with the Settlement of the Action.

4. Submission of this Claim Form, however, does not ensure that you will share in the Net Settlement Fund. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Settlement Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.

**5. YOU MUST MAIL OR SUBMIT YOUR COMPLETED AND SIGNED CLAIM FORM SO THAT IT IS POSTMARKED OR RECEIVED NO LATER THAN DECEMBER 8, 2016, ADDRESSED AS FOLLOWS:**

***St. Jude Medical, Inc. Securities Litigation***  
**c/o A.B. Data, Ltd.**  
**P.O. Box 173010**  
**Milwaukee, WI 53217**

To be considered timely, **your Claim Form must be postmarked or received by the deadline above.** Unless your Claim Form is submitted with a postmark, it will be deemed to have been submitted when actually received by the Claims Administrator.

6. Use the Schedule of Transactions in Part II of this Claim Form to supply all required details of your transaction(s) (including free transfers and deliveries) in and holdings of St. Jude common stock. On this schedule, please provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of St. Jude common stock, whether such transactions resulted in a profit or a loss. Failure to report all transaction and holding information during the requested time period may result in the rejection of your claim.

7. You must submit supporting documentation for the transactions reported in this Claim Form, such as broker confirmation slips, broker account statements, an authorized statement from your broker reporting information about your transactions, or other similar documents. **The Parties and the Claims Administrator do not independently have information about your investments in St. Jude common stock.** If

QUESTIONS? CALL 866-905-8130 OR VISIT [WWW.STJUDESECURITIESLITIGATION.COM](http://WWW.STJUDESECURITIESLITIGATION.COM)

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**such documents are not in your possession, please obtain copies or equivalent documents from your broker. Failure to supply this documentation may result in the rejection of your claim. DO NOT SEND ORIGINAL DOCUMENTS.** Please keep a copy of all documents that you send to the Claims Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.

8. Separate Claim Forms should be submitted for each separate legal entity (*e.g.*, a claim from joint owners should not include the transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity that includes all transactions made by that entity, no matter how many separate accounts that entity has (*e.g.*, a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form).

9. All joint beneficial owners must each sign this Claim Form and their names must appear in Part I of this Claim Form. If you purchased or otherwise acquired St. Jude common stock during the Class Period and held the stock in your name, you are the beneficial owner as well as the record owner and you must sign this Claim Form to participate in the Settlement. If you purchased or otherwise acquired St. Jude common stock during the Class Period for your own benefit, but the stock was registered in the name of a third party, such as a nominee or brokerage firm, you are still the beneficial owner of these shares, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form to be eligible to participate in the Settlement.

10. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons and entities represented by them, and they must:

- a. expressly state the capacity in which they are acting;
- b. identify the name, account number, Social Security Number (or taxpayer identification number), address and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the St. Jude common stock; and
- c. furnish evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person/entity's accounts.)

11. By submitting this Claim Form, you will be making a request to share in the proceeds of the Settlement described in the Settlement Notice. If you are NOT a Class Member (as defined in the Settlement Notice), or are excluded by the definition of the Class, or if you, or someone acting on your behalf, previously submitted a request for exclusion from the Class and you did not opt back into the Class in accordance with the instructions set forth in the Settlement Notice, DO NOT submit a Claim Form. You may not, directly or indirectly, participate in the Settlement if you are not a Class Member. Thus, if you are excluded from the Class, any Claim Form that you submit, or that may be submitted on your behalf, will not be accepted.

12. If you are a Class Member, you will be bound by the terms of the Settlement and any orders or judgments entered in this Action, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT.**

13. **NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the website, [www.stjudesecuritieslitigation.com](http://www.stjudesecuritieslitigation.com), or you may email the Claims Administrator's electronic filing department at [efiling@abdata.com](mailto:efiling@abdata.com). Any file not submitted in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at [efiling@abdata.com](mailto:efiling@abdata.com) to inquire about your file and confirm it was received and acceptable.

14. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Settlement Notice, you may contact the Claims Administrator, A.B. Data, Ltd., by writing to the above address, by calling the toll-free hotline at 1-866-905-8130 or by sending an email to [info@StJudeSecuritiesLitigation.com](mailto:info@StJudeSecuritiesLitigation.com), or you may download the documents from [www.stjudesecuritieslitigation.com](http://www.stjudesecuritieslitigation.com). **PLEASE NOTE: YOUR CLAIM IS NOT DEEMED SUBMITTED UNTIL YOU RECEIVE AN ACKNOWLEDGMENT POSTCARD. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL, WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGMENT POSTCARD WITHIN 60 DAYS, PLEASE CONTACT THE CLAIMS ADMINISTRATOR.**

**PART I – CLAIMANT IDENTIFICATION - Complete either Section A or B and then proceed to Section C. Please type or print.**

The Claims Administrator will use the information supplied below for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing at the address above.

A. Complete this Section ONLY if the Beneficial Owner is an individual, joint, or IRA account. Otherwise, proceed to Section B.

Last Name (Beneficial Owner)

First Name (Beneficial Owner)

Last Name (Joint Beneficial Owner, if applicable)

First Name (Joint Beneficial Owner, if applicable)

Name of Custodian, if applicable

If this account is an IRA, and if you would like any check that you MAY be eligible to receive made payable to the IRA account, please include "IRA" in the "Last Name" box above (e.g., Jones IRA).

**B. Complete this Section ONLY if the Beneficial Owner is an Entity; i.e., corporation, trust, estate, etc.**

Entity Name

Name of Representative, if applicable (executor, administrator, trustee, etc.)

**C. Mailing/Account Information:**

Specify one of the following:

Individual(s)  Corporation  UGMA Custodian  IRA  Partnership  Estate  Trust

Other:

Mailing Address – Line 1: Street Address/P.O. Box:

Mailing Address – Line 2 (if applicable): Apartment/Suite/Floor Number:

City:

State/Province:

ZIP Code/Postal Code (if outside U.S.):

Country:

Last 4 digits of Claimant Social Security/Taxpayer Identification Number:<sup>1</sup>

Daytime Telephone Number:

Evening Telephone Number:

Email Address:<sup>2</sup>

**D. Payment Preference:**

**If you are eligible to receive a distribution from this Settlement, any payment that you MAY receive will be in U.S. Dollars.**

If you are eligible to receive a distribution from this Settlement and would like to receive payment in a currency other than U.S. Dollars, please check this box and indicate the requested currency here:

<sup>1</sup>The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used in verifying this claim.

<sup>2</sup>An email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.

**PART II – SCHEDULE OF TRANSACTIONS IN ST. JUDE COMMON STOCK**

Please be sure to include proper documentation with your Claim Form as described in detail in Paragraph 7 of the General Instructions above. Do not include information regarding securities other than St. Jude common stock.

<b>1. BEGINNING HOLDINGS</b> – State the total number of shares of St. Jude common stock held as of the close of trading on February 4, 2010. (Must be documented.) If none, write “zero” or “0.” _____				Proof of Position Enclosed <input type="radio"/> Y <input type="radio"/> N
<b>2. PURCHASES/ACQUISITIONS DURING THE CLASS PERIOD AND THE 90-DAY LOOK BACK PERIOD<sup>3</sup></b> – Separately list each and every purchase/acquisition (including free receipts) of St. Jude common stock from after the opening of trading on February 5, 2010 through and including the close of trading on February 19, 2013. (Must be documented.)				<b>IF NONE, CHECK HERE</b> <input type="radio"/>
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase/ Acquisition Price per Share	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)	Proof of Purchase/ Acquisition Enclosed
/ /		\$	\$	<input type="radio"/> Y <input type="radio"/> N
/ /		\$	\$	<input type="radio"/> Y <input type="radio"/> N
/ /		\$	\$	<input type="radio"/> Y <input type="radio"/> N
/ /		\$	\$	<input type="radio"/> Y <input type="radio"/> N
<b>3. SALES DURING THE CLASS PERIOD AND THE 90-DAY LOOK BACK PERIOD</b> – Separately list each and every sale/disposition (including free deliveries) of St. Jude common stock from after the opening of trading on February 5, 2010 through and including the close of trading on February 19, 2013. (Must be documented.)				<b>IF NONE, CHECK HERE</b> <input type="radio"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price per Share	Total Sale Price (excluding taxes, commissions, and fees)	Proof of Sale Enclosed
/ /		\$	\$	<input type="radio"/> Y <input type="radio"/> N
/ /		\$	\$	<input type="radio"/> Y <input type="radio"/> N
/ /		\$	\$	<input type="radio"/> Y <input type="radio"/> N
/ /		\$	\$	<input type="radio"/> Y <input type="radio"/> N
<b>4. ENDING HOLDINGS</b> – State the total number of shares of St. Jude common stock held as of the close of trading on February 19, 2013. (Must be documented.) If none, write “zero” or “0.” _____				Proof of Position Enclosed <input type="radio"/> Y <input type="radio"/> N
<b>IF YOU REQUIRE ADDITIONAL SPACE FOR THE SCHEDULE ABOVE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER’S FULL NAME AND LAST FOUR DIGITS OF SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX</b> <input type="checkbox"/>				

<sup>3</sup>**PLEASE NOTE:** Information requested with respect to your purchases/acquisitions of St. Jude common stock from after the opening of trading on November 21, 2012 through and including the close of trading on February 19, 2013 is needed in order to balance your claim; purchases/acquisitions of St. Jude common stock during this period, however, are **not** eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

### PART III - RELEASE OF CLAIMS AND SIGNATURE

#### YOU MUST ALSO READ THE CERTIFICATION SET FORTH BELOW AND SIGN ON PAGE 6 OF THIS CLAIM FORM.

I (we) hereby acknowledge that, pursuant to the terms set forth in the Stipulation, without further action by anyone, upon the Effective Date of the Settlement, I (we), on behalf of myself (ourselves) and my (our) personal representatives, heirs, executors, administrators, trustees, predecessors, successors and assigns, shall, with respect to each and every Released Claim (including, without limitation, any Unknown Claims), be deemed to have, and by operation of the Order and Final Judgment shall have, fully, finally and forever released, relinquished and discharged, and shall forever be enjoined from prosecuting, any Released Claim against any of the Released Defendant Parties.

“Released Claims” means any and all claims, debts, demands, rights or causes of action or liabilities whatsoever (including, but not limited to, any claims for compensatory, punitive, or statutory damages, interest, attorneys’ fees, and any other costs, expenses or liability whatsoever), whether known or unknown (including Unknown Claims as defined herein), whether based on federal, state, local, statutory or common law or any other law, rule or regulation, whether legal, equitable, statutory or of any other type or form, whether brought in an individual, representative, class, derivative or any other capacity, whether fixed or contingent, liquidated or un-liquidated, that (1) (A) were alleged or asserted, or which could have been alleged or asserted, in the Action or (B) in any way relate to or arise from any of the conduct, statements, communications, occurrences, omissions, acts, or failures to act that were alleged or asserted in the Action, and (2) relate to the purchase or other acquisition, sale or other disposition, or ownership of St. Jude stock during the Class Period. Notwithstanding the foregoing, Released Claims shall not include claims to enforce the terms of the Stipulation or the Settlement.

“Released Defendant Parties” means any and all of the Defendants and each of their respective past, present, or future subsidiaries, parents, affiliates, successors, predecessors, and each and all of their respective officers, directors, agents, employees, attorneys, advisors, investment advisors, auditors, accountants, insurers, legal representatives, heirs, successors in interest or assigns. The Released Defendant Parties other than the Defendants themselves are intended as third-party beneficiaries of this Settlement with respect to the release of Released Claims. Nothing set forth herein shall constitute a release by any Defendant of any insurer, reinsurer, or any other entity contracted or otherwise obligated to provide insurance or indemnification to any of the Released Defendant Parties of any claim arising out of the rights, remedies, duties or obligations provided for in any insurance policy or agreement.

“Unknown Claims” means all claims that fall within the above definition of Released Claims which Plaintiffs, any other Class Member or any other Released Plaintiff Party does not know or suspect to exist in his, her, or its favor at the time of the release of the Released Defendant Parties, and all claims that fall within the definition of Released Defendants’ Claims which any Defendant or any other Released Defendant Party does not know or suspect to exist in his, her or its favor at the time of the release of the Released Plaintiff Parties, which, if known by him, her, or it, might have affected his, her, or its decision(s) with respect to this Settlement. With respect to any and all Released Claims and Released Defendants’ Claims, the Parties stipulate and agree that, upon the Effective Date, Plaintiffs and Defendants shall expressly waive and relinquish to the fullest extent permitted by law, and each other Released Party shall be deemed to have waived and relinquished to the fullest extent permitted by law, and by operation of the Order and Final Judgment, shall have expressly waived and relinquished to the fullest extent permitted by law, any and all provisions, rights, and benefits conferred by any law of the United States or of any state or territory of the United States, or principle of common law or of international or foreign law, which governs or limits a person’s or entity’s release of Unknown Claims, which is similar, comparable or equivalent to California Civil Code §1542, which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.

Plaintiffs and Defendants hereby expressly acknowledge, and each of the other Released Parties shall be deemed by operation of law to have acknowledged, that they may hereafter discover facts in addition to or different from those that any of them or their counsel now knows or believes to be true with respect to the subject matter of the Released Claims or the Released Defendants’ Claims, but by this Settlement and upon the Effective Date, Plaintiffs and Defendants shall expressly, and each other Released Party shall be deemed to have, and by operation of the Order and Final Judgment shall have, fully, finally, and forever discharge, settle, and release with prejudice any and all Released Claims and Released Defendants’ Claims that now exist or heretofore have existed upon any theory of law or equity now existing or coming into existence in the future, without regard to the subsequent discovery or existence of such different or additional facts, without regard to whether those facts were concealed or hidden, including, but not limited to, conduct which is negligent, grossly negligent, reckless, intentional, with or without malice, or a breach of any duty, law or rule, without regard to the subsequent discovery or existence of such different or additional facts. Plaintiffs and Defendants acknowledge, and each of the other Released Parties shall be deemed by operation of law to have acknowledged, that the inclusion of “Unknown Claims” in the definitions of Released Claims and Released Defendants’ Claims was separately bargained for and is a key element of the Settlement.

#### CERTIFICATION

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represent(s) the claimant(s) certifies (certify), as follows:

1. that I (we) have read and understand the contents of the Settlement Notice and this Claim Form, including the releases provided for in the Settlement and the terms of the Plan of Allocation;
2. that the claimant(s) is a (are) Class Member(s), as defined in the Settlement Notice, and is (are) not excluded by definition from the Class as set forth in the Settlement Notice;
3. that (a) the claimant(s) did **not** previously submit a request for exclusion from the Class in connection with the Class Notice, or (b) if any claimant(s) did previously submit a request for exclusion from the Class in connection with the Class Notice, he/she/it/they has/each have submitted a request to opt back into the Class pursuant to the instructions set forth in the Settlement Notice;
4. that I (we) own(ed) the St. Jude common stock identified in this Claim Form and have not assigned the claim against any of the Defendants or any of the other Released Defendant Parties to another, or that, in signing and submitting this Claim Form, I (we) have the

authority to act on behalf of the owner(s) thereof;

5. that the claimant(s) has (have) not submitted any other claim covering the same purchases/acquisitions of St. Jude common stock and knows (know) of no other person having done so on the claimant's (claimants') behalf;

6. that the claimant(s) submit(s) to the jurisdiction of the Court with respect to the claimant's (claimants') claim and for purposes of enforcing the releases set forth herein;

7. that I (we) agree to furnish such additional information with respect to this Claim Form as Class Counsel, the Claims Administrator or the Court may require;

8. that the claimant(s) waive(s) the right to trial by jury, to the extent it exists, and agree(s) to the Court's summary disposition of the determination of the validity or amount of the claim made by this Claim Form;

9. that I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Action; and

10. that the claimant(s) is (are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) the claimant(s) is (are) exempt from backup withholding or (b) the claimant(s) has (have) not been notified by the IRS that he/she/it/they is/are subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the claimant(s) that he/she/it/they is/are no longer subject to backup withholding. **If the IRS has notified the claimant(s) that he/she/it/they is/are subject to backup withholding, please strike out the language in the preceding text indicating that the claim is not subject to backup withholding in the certification above.**

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HERewith ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

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

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Signature of claimant \_\_\_\_\_ Print your name here \_\_\_\_\_ Date \_\_\_\_\_

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Signature of joint claimant, if any \_\_\_\_\_ Print your name here \_\_\_\_\_ Date \_\_\_\_\_

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Signature of person signing on behalf of claimant \_\_\_\_\_ Print your name here \_\_\_\_\_ Date \_\_\_\_\_

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Capacity of person signing on behalf of claimant, if other than an individual, *e.g.*, executor, president, trustee, custodian, etc. (Must provide evidence of authority to act on behalf of claimant – see Paragraph 10 (on page 2 of this Claim Form))

**REMINDER CHECKLIST**

1. Please sign the above release and certification. If this Claim Form is being made on behalf of joint claimants, then both must sign.
2. Remember to attach only **copies** of acceptable supporting documentation, as these documents will not be returned to you.
3. Please do not highlight any portion of the Claim Form or any supporting documents.
4. Keep copies of the completed Claim Form and documentation for your own records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed submitted until you receive an acknowledgment postcard. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGMENT POSTCARD WITHIN 60 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 1-866-905-8130.**
6. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
7. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the below address or toll-free at 1-866-905-8130, or visit [www.stjudesecuritieslitigation.com](http://www.stjudesecuritieslitigation.com). Please DO NOT call St. Jude, any other Defendants or their counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE SUBMITTED TO THE CLAIMS ADMINISTRATOR SO THAT IT IS **POSTMARKED OR RECEIVED NO LATER THAN DECEMBER 8, 2016**, ADDRESSED AS FOLLOWS:

***St. Jude Medical, Inc. Securities Litigation***  
**c/o A.B. Data, Ltd.**  
**P.O. Box 173010**  
**Milwaukee, WI 53217**

You should be aware that it will take a significant amount of time to fully process all of the submitted Claim Forms and to administer the Settlement. This work will be completed as promptly as time permits, given the need to review and tabulate each Claim Form. Please be patient and notify the Claims Administrator of any change of address.