

**OAKFABCO LIQUIDATING TRUST
PROOF OF CLAIM FORM
Instructions for Filing this Claim Form**

This form may be used to file a claim with the Oakfabco Liquidating Trust (the "Trust"), but it is not the only method for doing so. The Trust provides tools for filing claims electronically, and use of these tools is strongly encouraged. Please visit www.Verusllc.com for instructions on how to submit claims and supporting documents electronically.

This Claim Form should be completed by holders of Oakfabco Asbestos PI Claims seeking to liquidate their claims under the Amended Trust Distribution Procedures of the Oakfabco Liquidating Trust Procedures (the "TDP"). To the extent this form conflicts with the TDP, the TDP controls.

This claim form must be completed as thoroughly as possible to ensure prompt resolution of all claims; *submitting an incomplete form may result in delays in processing of the claim and/or disallowance of the claim.* Please type or print neatly within the spaces provided. If additional space is required to provide all relevant information, please attach additional copies of the relevant section of this form. **Please note that this Claim Form, contains important instructions regarding documentation that must be provided in support of this claim.**

Section 1: Claim Information	
Claim Type <input type="checkbox"/> Unliquidated <input type="checkbox"/> Pre-Petition Settled	If Pre-Petition Settled: Amount: \$ _____ Was the agreement fully executed on or before August 7, 2015? <i>(copy of settlement must be provided)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Please elect one of the following: <input type="checkbox"/> Liquidate at the amount agreed to in the Pre-Petition Settlement Agreement ("Settlement Value") <input type="checkbox"/> Elect to receive the TDP value rather than the Settlement Value

Section 2: Injured Party Information			
Last Name	First Name	MI	Suffix
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number/Tax ID	Date of Birth (mm/dd/yyyy)	Date of Death (if applicable) (mm/dd/yyyy)
Was death asbestos-related? <input type="checkbox"/> Yes <input type="checkbox"/> No	Firm Matter Number (if applicable)		Is the Injured Party living? <input type="checkbox"/> Yes <input type="checkbox"/> No

Mailing Address (if not represented by counsel)

Address			
City	State	ZIP	Country

¹ Capitalized terms used herein and not otherwise defined shall have the meanings assigned to them in the TDP.

Phone () _____ - _____	Email
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Section 3: Law Firm Representation

Please provide the following information if the claimant is represented by counsel.

Law Firm Name		Electronic Filer ID	
Mailing Address			
City		State	ZIP
Attorney Last Name	Attorney First Name	Attorney MI	Attorney Suffix
Phone () _____ - _____	Fax () _____ - _____	Email	

Section 4: Asbestos-Related Injury Information

Please indicate the **highest disease level** for which you believe this claim could be compensated, based on the required evidentiary criteria as set forth in the TDP. The claim must meet the relevant medical criteria and be supported by appropriate medical documentation as required by the TDP.

Scheduled Disease Level <input type="checkbox"/> Mesothelioma (Level V) <input type="checkbox"/> Lung Cancer 1 (Level IV) <input type="checkbox"/> Lung Cancer 2 (Level III) <input type="checkbox"/> Asbestos-Related Other Cancer (Level II) (Please specify: _____) <input type="checkbox"/> Asbestosis/Pleural Disease (Level I)	Date of Diagnosis ____/____/____ (Month) (Day) (Year)
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Section 5: Personal Representative (if applicable)

If this claim is being asserted on behalf of the estate of an injured party, please provide the following information for the representative of that estate. (Certificate of Official Capacity or other estate documentation must be enclosed if applicable per state law.)

Last Name	First Name	MI	Suffix
Mailing Address			
City	State	ZIP	Country
Phone () _____ - _____	Social Security Number/Tax ID	Email	

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Section 6: Asbestos Litigation and Claims History

If an asbestos-related lawsuit has ever been filed on behalf of the injured party, please provide the following information.

Filing Date (mm/dd/yyyy)	State	Court	Docket Number
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Oakfabco, Inc. and/or Kewanee Boiler Corp. Named as defendant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the injured party ever received settlement monies related to this lawsuit from Oakfabco, Inc. and/or Kewanee Boiler Corp. and/or their insurers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," amount: \$ _____
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Jurisdiction Selection

If no lawsuit has ever been filed against Oakfabco, Inc. and/or Kewanee Boiler Corp. on behalf of the injured party, indicate the state elected as the Claimant's Jurisdiction: _____

Jurisdiction elected is (please check one of the following):

The state in which the injured party resided at the time of diagnosis.

The state in which the injured party resided when this claim was filed with the Trust.

A state in which the injured party was allegedly exposed to an asbestos-containing product manufactured, used or distributed by Oakfabco, Inc. and/or Kewanee Boiler Corp.

Has a claim on behalf of the injured party ever been submitted to Oakfabco, Inc. and/or Kewanee Boiler Corp. pursuant to an administrative settlement agreement?

Yes No

If Yes, provide the date of such submission (mm/dd/yyyy): _____

Was the injured party or claimant a party to a tolling agreement with Oakfabco, Inc. and/or Kewanee Boiler Corp.?

Yes No

If Yes, provide the beginning and ending dates, if any, of the tolling and attach documentation of the agreement.

Beginning date (mm/dd/yyyy): _____ Ending date (mm/dd/yyyy): _____

Section 7: Occupational Exposure to Asbestos Products

Provide information below for each location at which the injured party alleges exposure to an asbestos-containing product manufactured sold, supplied, produced, distributed, released, advertised, or marketed by Oakfabco, Inc. and/or Kewanee Boiler Corp. or for which Oakfabco, Inc. and/or Kewanee Boiler Corp. has legal responsibility. If the duration of the injured party's Oakfabco, Inc. and/or Kewanee Boiler Corp. exposure is not sufficient to meet the Significant Occupational Exposure criteria set forth in the TDP for the Disease Level in question, please provide information regarding other asbestos exposure to satisfy the applicable Significant Occupational Exposure criteria. List each site, industry, and occupation combination separately. Provide the complete name and location of each individual site. Attach additional copies of this page if more space is required.

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Exposure 1

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	
Site of Exposure	City	State	Country
Industry in which exposure occurred			
Names of all asbestos-containing products to which the injured party was exposed and for which the injured party alleges Oakfabco, Inc. and/or Kewanee Boiler Corp. is legally responsible.			
<p>Description of Significant Occupational Exposure at this jobsite (check all that apply)</p> <p><input type="checkbox"/> Injured party handled raw asbestos fibers on a regular basis.</p> <p><input type="checkbox"/> Injured party fabricated asbestos-containing products so that the injured party in the fabrication process was exposed on a regular basis to raw asbestos fibers.</p> <p><input type="checkbox"/> Injured party altered, repaired, or otherwise worked with an asbestos-containing product such that the injured party was exposed on a regular basis to asbestos fibers.</p> <p><input type="checkbox"/> Injured party was employed in industries and occupations such that the injured party worked on a regular basis in close proximity to workers engaged in one or more of the above three activities.</p> <p><input type="checkbox"/> Describe the circumstances of asbestos exposure:</p>			

Exposure 2

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	
Site of Exposure	City	State	Country
Industry in which exposure occurred			
Names of all asbestos-containing products to which the injured party was exposed and for which the injured party alleges Oakfabco, Inc. and/or Kewanee Boiler Corp. is legally responsible.			

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Description of Significant Occupational Exposure at this jobsite (check all that apply)

- Injured party handled raw asbestos fibers on a regular basis.
- Injured party fabricated asbestos-containing products so that the injured party in the fabrication process was exposed on a regular basis to raw asbestos fibers.
- Injured party altered, repaired, or otherwise worked with an asbestos-containing product such that the injured party was exposed on a regular basis to asbestos fibers.
- Injured party was employed in an industry and occupation such that the injured party worked on a regular basis in close proximity to workers engaged in one or more of the above three activities.
- Describe the circumstances of asbestos exposure:

Exposure 3

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	
Site of Exposure	City	State	Country
Industry in which exposure occurred			
Names of all asbestos-containing products to which the injured party was exposed and for which the injured party alleges Oakfabco, Inc. and/or Kewanee Boiler Corp. is legally responsible.			

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Description of Significant Occupational Exposure at this jobsite (check all that apply)

- Injured party handled raw asbestos fibers on a regular basis.
- Injured party fabricated asbestos-containing products so that the injured party in the fabrication process was exposed on a regular basis to raw asbestos fibers.
- Injured party altered, repaired, or otherwise worked with an asbestos-containing product such that the injured party was exposed on a regular basis to asbestos fibers.
- Injured party was employed in an industry and occupation such that the injured party worked on a regular basis in close proximity to workers engaged in one or more of the above three activities.
- Describe the circumstances of asbestos exposure:

Section 8: Declaration and Signature

This claim form must be signed by an attorney or, if the injured party is not represented by an attorney, the injured party or the injured party's personal representative.

Upon information and belief, formed after an inquiry reasonable under the circumstances, I hereby certify, under penalty of perjury, that the information submitted is accurate.

Signature of Claimant, Claimant's Representative or Claimant's Counsel	Date (mm/dd/yyyy)
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Print Name Here	Relationship to Injured Party
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To file by mail, send this completed form and all supporting documentation to:

OAKFABCO Liquidating Trust
c/o Verus Claims Services, LLC
3967 Princeton Pike
Princeton, NJ 08540

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Section 9: Checklist of Supporting Documents

Please review your submission to ensure it is complete and includes the following documents as applicable.

For all claimants:

- Medical records supporting the diagnosis of the claimed Disease Level and any additional required medical evidence (see TDP for requirements).

For Pre-Petition claimants:

Any available reports relating to the injured party from a diagnosing physician engaged by the Claimant or law firm who conducted a physical exam of the Claimant, or any such medical evidence and/or diagnosis of the asbestos-related disease used in support of a claim made to another asbestos-related personal injury settlement trust that requires such evidence, without regard to whether the Claimant or law firm engaged the diagnosing physician.

- Proof of Oakfabco, Inc. and/or Kewanee Boiler Corp. exposure, as required by the TDP.

For deceased injured parties:

- Death certificate.

Other supporting documentation, as applicable:

- Letters of Administration or other proof of the personal representative's official capacity (if applicable).
- Copy of tolling agreement (if applicable under Section 6).
- Copy of Pre-Petition Settlement Agreement (if applicable under Section 1).

If you have additional information you want the Trust to consider in evaluating the claim, please include these documents with this claim form.

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