

**Claim Deferral Form**  
**Manville Personal Injury Settlement Trust**

Claimant Name: \_\_\_\_\_

Claim ID: \_\_\_\_\_

Law Firm (If any): \_\_\_\_\_

Section B2 of the Trust Distribution Procedures allows claimants to defer the processing of their claim for a period not to exceed three (3) years without affecting the status of the Claim for statute of limitations purposes. By electing to defer processing, no further action will take place with the claim until you notify CRMC that you are ready to resume processing. Please note that you may only request a deferral ONE time per claim.

Please defer processing of the claim shown above until you are notified otherwise.

\_\_\_\_\_  
\_\_Claimant, \_\_Personal Representative or  
\_\_Law firm contact Signature (check one)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name if not Claimant