

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

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

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

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

Please end the deferral of the claim shown above and resume processing of it.

\_\_\_\_\_  
\_\_\_ Claimant, \_\_\_ Personal Representative or  
\_\_\_ Law firm contact Signature (check one)

\_\_\_\_\_  
Date

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