North American Refractories Company Asbestos Personal Injury Settlement Trust ("the NARCO ASBESTOS TRUST")

Proof of Claim Form for Indirect Asbestos Trust Claims

Submit Completed Claims to:

Claims Resolution Management Corporation 3120 Fairview Park Drive, Suite 200 Falls Church, VA 22042-0683 (703) 204-9300, (800) 536-2722

For purposes of this form, the "Indirect Claimant" is the entity seeking contribution, indemnification or reimbursement from the NARCO Asbestos Trust pursuant to Section 4.6 of the NARCO Asbestos Trust Distribution Procedures ("TDP"). The "Direct Claimant" is the injured person whose underlying asbestos personal injury or wrongful death case or claim gave rise to the Indirect Asbestos Trust Claim.²

A separate Proof of Claim Form for Indirect Asbestos Trust Claims must be submitted for each underlying Direct Claimant's NARCO Asbestos Trust Claim so that each Indirect Asbestos Trust Claim may be individually reviewed. Indirect Claimants must establish that the Trust has an obligation to the Direct Claimant under the TDP. In the event a Proof of Claim Form has been filed by the Direct Claimant and approved for payment by the NARCO Asbestos Trust, the NARCO Asbestos Trust will consider this requirement to have been satisfied. If no such Proof of Claim Form has been received and approved for payment, the Indirect Claimant must submit, to the best of its ability, the information requested in the Proof of Claim Form (together with any and all supporting documentation) for the claimant in respect of which the Indirect Asbestos Trust Claim is filed.

The NARCO Asbestos Trust may require additional information and documents after reviewing the submission.

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¹ As used herein, "Indirect Claimant" refers to the "Indirect Asbestos Trust Claimant" as that term is described in Section 4.6 of the TDP.

² Capitalized terms used herein and not otherwise defined shall have the meanings ascribed to them in the TDP.

PART I: INDIRECT CLAIMANT INFORMATION

1.1. Identification	of Indirect Claimant
Name of Indirect Cl	aimant
Mailing Address	
	Street Address
	C'I. Ciala (Dan ina) 7'a Cada (Danial Cada) Canala
	City, State (Province), Zip Code (Postal Code), Country
Fed. Emp. I.D. No	Telephone
Nature of Business_	
Contact Person	Title:
Mailing Address	
	Street Address
	City, State (Province), Zip Code (Postal Code), Country
Email Address	
Telephone	Fax
1.2 Identification o	f counsel representing Indirect Claimant
Name of Attorney _	
Name of Law Firm _	
Mailing Address	
	Street Address
	City, State (Province), Zip Code (Postal Code), Country
Email Address	
Telephone	Fax
1.3 Indirect Claim A	Amount
Total Amount Claim	ned \$
Total Amount of aw	vard judgment or settlement: \$

PART 2: DIRECT CLAIMANT (INJURED PARTY) INFORMATION

Name				
First	M.I.		Last	Jr. Sr. etc.
Social Security Number		OR	International Id	
Date of Birth				
(MM/DE)/YYYY)			
Disease Other Asbestos Dis	ease (Level I)			
Asbestosis/Pleural	Disease (Level II))		
Severe Asbestosis (Level III)			
☐ Other Cancer (Lev	·			
Colorectal Laryngeal Esophageal Pharyngeal Stomach Car	ncer			
Lung Cancer 2 (Lev	vel V)			
Lung Cancer 1 (Le	vel VI)			
☐ Mesothelioma (Lev				
	PART 3:	INDIRECT	CLAIM TYPE	
3.1 Legal Theory of Recov	very			
Is this a contribution clair	n? □ Yes		lo	
If "yes," please co State law/jurisdict	-	_	and the basis for the	jurisdiction:
Is this an indemnification	claim?	Yes	□ No	
If "yes," please co	mplete the follow	ing:		
State law/jurisdict	ion applicable to t	the claim a	and the basis for the	jurisdiction:

Is this a claim seeking other reimbursement? Yes No If "yes," please complete the following: State law/jurisdiction applicable to the claim and the basis for the jurisdiction:
Is this a claim asserting a lien? Yes No If "yes," please complete the following: State law/jurisdiction applicable to the claim and the basis for the jurisdiction:
Describe fully and with specificity the legal and factual basis of your theory of recovery you set forth above, including without limitation, the basis for claiming that, under applicable state law, you have paid a liability or obligation that the NARCO Asbestos Trust would otherwise have to the Direct Claimant under the TDP.
To the extent that the TDP requires the Indirect Claimant to produce a release from the Direct Claimant in favor of the NARCO Asbestos Trust, and Indirect Claimant cannot provide the required release set forth the specific statutory and case authority which you contend supports the Indirect Claim nonetheless.
If the space below is insufficient, please provide this information on a separate piece of paper attached behind this sheet.

•	full a settlemen Yes □ No	nt or Final Order (as defined in the Plan) in favor of the Direct
If yes, provide the	e details and a c	copy of the settlement agreement and/or Final Order.
		with the Direct Claimant, has the the Direct Claimant released stos Trust from liability? \Box Yes \Box No
If "yes," p	rovide the relea	ase.
•	alleged equitab	laim based on having paid all or part of NARCO's or the NARCO le share of liability for an asbestos-related personal injury or
□ Yes	□ No	
Please List:	\$	Total Liability Paid by Indirect Claimant
	\$	NARCO's or NARCO Asbestos Trust's Liability Paid by Indirect Claimant
	\$	Indirect Claimant's Share of Total Liability
		ch you have computed NARCO's or the NARCO Asbestos Trust's s to be paid by any other person or entity.
Are you aware of Yes	any payment b □ No	y NARCO or the NARCO Asbestos Trust in respect of this claim? If "yes," please explain:

3.2 Proof of Payment

Please provide copies of canceled checks or verified payment vouchers showing the amount paid to the Direct Claimant (or a party who paid the Direct Claimant on your behalf) in the amount claimed. Such proof of payment to or on behalf of the Direct Claimant is required in all circumstances.

PART 4: PROOF OF CLAIM AND RELATED CLAIMS INFORMATION

4.1 Proof of Claim	
Did the Indirect Claimant	file a Proof of Claim in the NARCO bankruptcy case?
□ Yes □	No
If "yes," attach a copy of t	the Proof of Claim.
4.2 Related Claims	
Have you sought or do yo	u plan to seek contribution, indemnification, reimbursement or other
such relief from any other	r asbestos producer, trust, entity or individual other than the NARCO
Asbestos Trust in relation	to the Direct Claimant identified herein?
□ Yes □	No
other dispute resolution p	ne following information for each entity. If these claims involve lawsuits or proceedings, please attach a copy of the relevant complaint(s), any so or any settlement agreement(s).
Attach additional sheets f related to the Direct Clain	or each entity from whom you have sought or plan to seek compensation nant.
Name of Entity:	
Amount of Claim: \$	
Type of Claim (lawsuit, ne	gotiation, prior agreement, trust submission, etc.)
Basis of Claim:	
Status or outcome of the	claim:
	e of a lawsuit or other dispute resolution proceeding, please provide the solution forum, including case number and state/jurisdiction:

Please note that this is a continuing obligation; you must notify the NARCO Asbestos Trust when you seek (or recover funds on account of) contribution, indemnification, reimbursement or other such relief from any other asbestos producer, trust, entity or individual other than the NARCO Asbestos Trust in relation to the Direct Claimant identified herein.

PART 5: SIGNATURE

This claim form must be signed by a representative of the Indirect Claimant.

By signing below, I certify that I have reviewed the information submitted on this claim form and all documents submitted in support of this claim. Upon information and belief, I hereby certify, under penalty of perjury, the information submitted is accurate. In addition, by signing below, I certify and warrant that I am authorized to file this claim on behalf of the Indirect Claimant.

First Name, Middle Initial, Last Name of Representative of Indirect Claimant (Must be a Corporate Officer or Attorney in Charge)
Signature
Title
Date:/(MM/DD/YYYY)