



**NORTH AMERICAN REFRACTORIES COMPANY ASBESTOS
PERSONAL INJURY SETTLEMENT TRUST (“the NARCO
TRUST”)**

End Claim Deferral Form

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