

**CLAIM FORM**

Please complete and sign this Claim Form if you do not want the \$300.00 Voucher and return the Claim Form by mail or email to:

Rench v HMI Class Action #8086  
C/O Atticus Administration LLC  
PO Box 1440  
Minneapolis, MN 55440  
[HMISettlement@AtticusAdmin.com](mailto:HMISettlement@AtticusAdmin.com)

You may also complete and submit a Claim Form online at [www.HMIsettlement.com](http://www.HMIsettlement.com). If you have any questions, please visit that website or call 1-888-334-1443.

**If you do not submit a Claim Form, you will receive a \$300 Voucher.**

CLAIM FORMS MUST BE SUBMITTED ONLINE OR POSTMARKED NO LATER THAN  
**JULY 16, 2019** TO BE ELIGIBLE FOR PAYMENT.

<b>YOUR CURRENT INFORMATION</b>
<p><b>Name:</b> _____ <i>(First) (Middle Initial) (Last)</i></p> <p><b>Address:</b> _____ <i>(Street)</i></p> <p>_____ <i>(City) (State) (Zip Code)</i></p> <p><b>Current Telephone (optional):</b> ( _____ ) _____ - _____</p> <p><b>Email Address (optional)</b> _____</p>
<b>REQUEST FOR \$100 CASH AWARD</b>
<p>I am a Class Member and elect to receive a payment of \$100.00 in lieu of a voucher for HMI filtration products. Please send the check to the address listed above.</p> <p style="text-align: center;">_____ Signature of Individual</p>