

## CLAIM FORM

### INTRODUCTION

To be eligible to receive a portion of the \$9 million proposed settlement described in the Notice of Proposed Settlement, you must submit this Claim Form, along with any supporting documentation that may be required, to the Court-appointed Claims Administrator, RG/2 Claims Administration LLC. The Claim Form and documentation must be postmarked on or before **January 2, 2024** to be considered. Your Claim Form and required supporting documentation must be mailed to:

*In Re Behr Dayton Thermal Products, LLC*, Class Action Settlement Administrator  
RG/2 Claims Administration LLC  
P.O. Box 59479  
Philadelphia, PA 19102-9479

Additional contact information for the Settlement Administrator follows:

Phone: (866) 742-4955  
Web: [www.rg2claims.com](http://www.rg2claims.com)  
Settlement Website: [www.mccookfieldclassaction.com](http://www.mccookfieldclassaction.com)  
Email: [mccookfieldclassaction@rg2claims.com](mailto:mccookfieldclassaction@rg2claims.com)

You may contact the Claims Administrator toll-free at 1-866-742-4955 to determine whether you are eligible and to receive assistance with completing the Claim Form.

You must sign this Claim Form on the signature line at the bottom of the last page to be eligible to receive your share of the settlement.

The summary below provides examples of the estimated benefit to be allocated to a parcel of property and distributed as explained below among the current and former property owners.

If this settlement is approved, each property will be assigned an equal share of the Net Settlement Fund, to be divided among the owners of each parcel in the Settlement Class Area based on each owner's length of ownership from April 1, 2006 to September 15, 2023, the date of the filing of the motion for preliminary approval of this settlement. The Net Settlement Fund consists of the gross Settlement Fund of \$9,000,000 minus (a) attorneys' fees and expenses for the attorneys representing the class ("Class Counsel"), to be approved by the Court (b) service awards paid to the four named Plaintiffs, in an amount not to exceed \$10,000 each, to be approved by the Court; and (c) claims administration expenses by the Court-approved Claims Administrator, RG/2 Claims, which is facilitating the Settlement Process.

The attorneys for the Plaintiffs *estimate* that, if the Court approves projected attorney's fees and litigation expenses, service awards, and claims administration expenses, a class member who was the sole owner of a property throughout the entire Class Period (i.e., from April 1, 2006 to September 15, 2023) would receive approximately \$7,000. The final amount may be different. Class Members who co-own a property, or owned the property for only part of the Class Period, will receive less, based on their length of ownership.

**CLAIM FORM**

**INSTRUCTIONS**

1. You may fill out this form yourself. You do not need a lawyer or attorney.
2. A separate Claim Form must be filled out for each parcel you own.
3. To be eligible for payment under the settlement, your completed Claim Form must be **postmarked on or before January 2, 2024.**
4. Send completed Claim Forms to the address listed at the bottom of each page.
5. Please submit photocopies of documents in support of your claim, if needed. Please **do not send** original documents, as they will not be returned to you.
6. Remember to sign the last page of this Claim Form; unsigned forms will not be processed.
7. Any settlement benefits you receive may be taxable. You should consult with your tax advisor as to how you may be impacted.
8. We recommend that you keep a copy of the completed form for your records.
9. If you have any questions, please call the Claims Administrator, toll-free, at 1-866-742-4955.

**Section 1 - Claimant Contact Information**

Complete the following for each claim.

Name and Current Address:  _____  _____  _____  _____
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Email Address: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Phone Number)

**Claimant Type.** Please mark the box that best applies to you:

- I am the current sole owner of the parcel identified in Section 2 below.
- I am a current joint owner (such as husband and wife) of the parcel identified in Section 2 below and am filing a joint claim for the parcel with my co-owner. If there are more than two joint owners, please submit additional Claim Forms.
- I am a current joint owner of the parcel identified below in Section 2, but am only filing on my behalf.
- I am filing a claim as agent for a beneficial owner or on behalf of the estate of a deceased owner of the parcel identified below in Section 2 (see Section 3 for documentation requirements).
- I am a former sole owner of the parcel identified in Section 2 below.
- I am a former joint owner of the parcel identified in Section 2 below and am filing a joint claim for the parcel with my co-owner. If there are more than two joint owners, please submit

additional Claim Forms.

- I am a former joint owner of the parcel identified below in Section 2, but am only filing on my behalf.

**Section 2A - Property Information Completed by Settlement Administrator**

The following information about the real property for which you are making this claim was derived from public records. To be eligible to participate in the settlement, the property must be or have been owned by you at some point in time between April 1, 2006 and September 15, 2023.

NAME(S) AS IT APPEARS ON DEED:

\_\_\_\_\_

PARCEL LOCATION ADDRESS:

\_\_\_\_\_

CITY: DAYTON STATE: OH

PARCEL NO.: \_\_\_\_\_

**Section 2B - Property Information Confirmed By Claimant**

Is the Deed Information stated in Section 2A, above, correct? Yes No (Circle one)

If the Deed Information stated in Section 2A, above, is NOT correct, please provide the name as it appears on the deed and provide proof of ownership. (See Section 3 for documentation requirements.)

CORRECT OWNER NAME (IF DIFFERENT FROM SECTION 2A ABOVE):

\_\_\_\_\_

**Ownership Period.** When did you own the property identified in Section 2A, above?

From \_\_\_\_\_ to \_\_\_\_\_ (State Day, Month and Year, if known)  
(Possible example: April 1, 2006 to Current. Another possible example: April 1, 2006 to April 1, 2010.)

**Land Use.** Please mark the box that best describes the use of the property for which you are making this claim:

- Residential (including owner-occupied or landlord leased to renter)  
 Commercial  
 Nonprofit  
 Other (\_\_\_\_\_)

