FVS

## CLAIM FORM FOR REIMBURSEMENT FOR CLUTCH REPLACEMENT

		Ford Motor Company		
	Class A	Action Settlement		
Claim ID No. (from postport potion)	<u>Backgr</u>	ound Information		
Claim ID No. (from postcard notice)				
First Name	M.I.	Last Name		
Primary Address	· · · · · · · · · · · · · · · · · · ·			
Primary Address Continued				
City			State	Zip Code
Foreign Province	Foreign	Postal Code	Foreign Country	Name/Abbreviation
Email Address (optional)	· · · · · · ·			
Area code Telephone number (home)	·1	Area code Telepho	one number (work)	
			1	

Use this form to submit a claim under the Vargas Settlement for reimbursement for a clutch replacement if you can satisfy all of the following criteria:

- 1. Your Class Vehicle was manufactured after June 5, 2013;
- 2. A Ford dealer replaced the clutch (part number 7B546 Disc Asy-Clutch) in your Class Vehicle twice within the 5-year/60,000 mile powertrain warranty;
- 3. A Ford dealer performed appropriate diagnostic procedures and determined that a third clutch replacement was necessary; AND
- 4. You paid a Ford dealer to replace the clutch a third time within 7 years/100,000 miles of delivery of the Class Vehicle to the first retail customer, whichever occurs first.

## PLEASE NOTE: Claims will not be processed, and no cash payments will be issued, until the Settlement has received Final Approval and all appeals from the order approving the Settlement have been resolved or the appeal periods have expired. Please consult the Settlement Website (www.fordtransmissionsettlement.com) for updates regarding timing.

Are you an employee of Ford Motor Company? Yes No
Are you an officer or director of a Ford Dealer? Yes No
Has Ford Motor Company already repurchased your Class Vehicle? Ves No
Have you signed and returned to Ford a release of your claims based on the PowerShift Transmission in your Class Vehicle? O Yes O No
Class Vehicle VIN:
Date you purchased or leased your Class Vehicle:
Do you still own or lease the Class Vehicle? Yes No
If no, on what date did you sell or return the vehicle?
If yes, current mileage on the Class Vehicle?
Image: Second

Clutch Replacements
Please enter the date of the first Service Visit on which a Ford dealer replaced the clutch in your vehicle (part number 7B546 Disc Asy-Clutch):
Please attach the service records for this Service Visit.
Please enter the date of the second Service Visit on which a Ford dealer replaced the clutch in your vehicle (part number 7B546 Disc Asy-Clutch):
Please attach the service records for this Service Visit.
Please enter the date of the third Service Visit on which a Ford dealer replaced the clutch in your vehicle (part number 7B546 Disc Asy-Clutch):
Please attach the service records for this Service Visit and any additional documentation required to establish the amount you paid to a Ford dealer for the parts and labor for the third clutch replacement.
Proof of Vehicle Ownership At Time of Clutch Replacements
Do all of the service records you submitted in support of this claim identify you as the person requesting the repairs? $\bigcirc$ Yes $\bigcirc$ No
If you answered "yes," you do not need to submit any additional evidence that you owned the Class Vehicle at the time of the repairs for which you seek reimbursement.
If you answered "no," please attach one of the following sets of documents establishing that you owned or leased the vehicle at the time of all the repairs that form the basis for your claim:
(1) submit (a) a vehicle title, vehicle purchase agreement, or vehicle lease agreement that identifies you as the vehicle owner, purchaser, or lessee at the time of the <u>earliest</u> Service Visit that forms the basis for your claim, AND (b) vehicle registration identifying you as the vehicle owner as of the date of the <u>latest</u> Service Visit that forms the basis for your claim (or as of a later date); OR
(2) for <u>every</u> repair that forms the basis for your claim, submit either (a) a repair record that identifies you as the person who requested the repair, OR (b) a vehicle registration that identifies you as the vehicle owner as of the date of each repair.

## **Affirmation**

I attest to and affirm under penalty of perjury that the information stated above is accurate to the best of my knowledge, that the documentation I have provided to support this claim is authentic, and that I actually owned or leased the Class Vehicle at the time of each Clutch Replacement on which this claim is based.

Dated:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please send this completed form, and all supporting documentation, to the address set forth at the top of this form. If the information or documentation you provide is incomplete, your claim may be rejected.

