

Norcold Refrigerator Claims Administrator

P.O. Box 43308
Providence, RI 02940-3308



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**NORCOLD GAS ABSORPTION REFRIGERATOR
CLASS ACTION SETTLEMENT CLAIM FORM**

DO NOT FILL OUT THIS FORM IF YOU CHOOSE TO EXCLUDE YOURSELF FROM THIS LAWSUIT

To be eligible to receive payment from the Monetary Fund created by the class action settlement, Class Members must submit a Claim Form to the Claims Administrator **POSTMARKED NO LATER THAN AUGUST 26, 2016** to: Norcold Refrigerator Claims Administrator, P.O. Box 43308, Providence, RI 02940-3308, Fax: 1-866-406-8774; email: NorcoldClassAction@kccllc.com. Late claims will NOT be accepted.

You are permitted to make a separate claim for each distinct Norcold Gas Absorption Refrigerator or Cooling Unit that you owned during the Class Period. A separate Claim Form must be submitted for each distinct Norcold Gas Absorption Refrigerator or Cooling Unit owned for which you wish to make a claim. If necessary, you can photocopy this Claim Form. A duplicate copy of this Claim Form may also be found online at www.norcoldclassaction.com or by requesting one from the Claims Administrator by mail to: Norcold Refrigerator Claims Administrator, P.O. Box 43308, Providence, RI 02940-3308, Fax: 1-866-406-8774; email: NorcoldClassAction@kccllc.com; or by calling toll free 1-877-449-8550.

If you need assistance completing this form or have questions, please contact the Claims Administrator at 1-877-449-8550, by email to NorcoldClassAction@kccllc.com, or you may review additional information online at www.norcoldclassaction.com.

SECTION I: PERSONAL CONTACT INFORMATION (PLEASE PRINT CLEARLY)

Full Name

Permanent Address

City

State

ZIP Code

Mailing Address for Payment
(if different than above)

City

State

ZIP Code

Email Address

Primary Phone Number / Cell

Norcold Refrigerator Model and Serial Number, if available (optional)

SECTION II: GAS ABSORPTION REFRIGERATOR INFORMATION

To be eligible for payment from the Monetary Fund, you must select ONE of the following statements that apply to you. At the end of the Claim Period, the Claims Administrator will tabulate the total number of shares claimed by Eligible Claimants and determine the per share value. You will then, subject to confirmation by the Claims Administrator, receive a cash settlement payout by mail at the mailing address which you provided above, in four installments, as discussed in Section II(D) of the Settlement Agreement and the Addendum to the Settlement Agreement (both available online at www.norcoldclassaction.com). Your payout will be based on the number of shares of the Monetary Fund that you qualify for, based on your attestation to the following

1-877-449-8550

www.norcoldclassaction.com



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| Select Which ONE of These Statements Applies to You | | You Will Receive |
|---|--|------------------|
| <input type="checkbox"/> | I <i>currently</i> own a Norcold 1200 Series Gas Absorption Refrigerator that contains a Norcold Cooling Unit or a Norcold Cooling Unit that was manufactured between January 1, 2002 and October 1, 2012. | 25 shares |
| <input type="checkbox"/> | I <i>previously</i> owned a Norcold 1200 Series Gas Absorption Refrigerator or Cooling Unit that was manufactured between January 1, 2002 and October 1, 2012, <i>and</i> incurred actual out-of-pocket expenses to repair and/or to replace the Gas Absorption Refrigerator or Cooling Unit due to a suspected cooling unit leak or as a precautionary measure regarding a potential cooling unit leak (including parts, labor, or shipping costs), or incurred a related loss due to a suspected cooling unit leak, in the following aggregate amounts: | |
| <input type="checkbox"/> | Over \$1,700.00 | 25 shares |
| <input type="checkbox"/> | Between \$1,360.01 to \$1,700.00 | 20 shares |
| <input type="checkbox"/> | Between \$1020.01 to \$1360.00 | 15 shares |
| <input type="checkbox"/> | Between \$680.01 to \$1,020.00 | 10 shares |
| <input type="checkbox"/> | Between \$340.01 to \$680.00 | 5 shares |
| <input type="checkbox"/> | Between \$68.01 to \$340.00 | 3 shares |
| <input type="checkbox"/> | Between \$0.01 to \$68.00 | 1 share |
| <input type="checkbox"/> | I <i>previously</i> owned a Norcold 1200 Series Gas Absorption Refrigerator or Cooling Unit that was manufactured between January 1, 2002 and October 1, 2012, and <i>DID NOT</i> incur any actual out-of-pocket expenses to repair and/or to replace the Gas Absorption Refrigerator or Cooling Unit due to a suspected cooling unit leak, or as a precautionary measure regarding a potential cooling unit leak (including parts, labor, or shipping costs), and have not incurred a related loss due to a suspected cooling unit leak. | 1 share |
| <input type="checkbox"/> | I <i>currently</i> own a Norcold N6 or N8 Series Gas Absorption Refrigerator or Cooling Unit that was manufactured between January 1, 2009 and December 31, 2013. | 5 shares |

If you do not know what type of Norcold Refrigerator you have, please visit the Settlement Website at www.norcoldclassaction.com for information on how to tell what type of Norcold Refrigerator you have and to determine its date of manufacture. "Date of manufacture" means the date of manufacture of the Norcold Cooling Unit. You may also call the Claims Administrator at 1-877-449-8550 with the serial number and/or model number of your Norcold Refrigerator and its date of manufacture and they will be able to tell you what type of Norcold Refrigerator you have. The Claims Administrator has the right to request further verification of any Class Members' eligibility to make a claim, including proof of repair / replacement costs incurred (i.e., copies of receipts, proof of payment etc.) or other proof of loss.

If you do not select one of the statements above, but are a member of the Class, you will receive one share of the Monetary Fund.

SECTION III: SIGNATURE AND ATTESTATION

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Dated (mm/dd/yyyy): _____

Signature of Claimant

Print Name of Claimant

SEND COMPLETED FORM TO:

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