

**DII INDUSTRIES, LLC ASBESTOS PI TRUST  
Indirect Claims - Proof of Claim Form**

Submit completed claims to:

DII Asbestos PI Trust  
P.O. Box 393  
Wilmington, Delaware 19899-1036

Please complete this form and DII Industries, LLC Asbestos PI Trust Proof of Claim Form if you assert an Indirect Asbestos PI Trust Claim<sup>1</sup> (“Indirect Claim”) against the DII Industries, LLC Asbestos PI Trust (“Trust”).

An Indirect Claim typically arises when

- (1) a defendant discharges the Trust’s liability to an Asbestos PI Trust Claimant by satisfying a judgment obtained by, or entering into a settlement agreement with, such Claimant (“Contribution Claim”);
- (2) an Asbestos PI Trust Claimant assigns his or her Asbestos PI Trust Claim to another person or entity (for example, when a person assigns his or her Claim to a workers’ compensation board or department) (“Assigned Claim”); or
- (3) a contract between a company and a Halliburton or Harbison-Walker Entity requires the Entity to reimburse the company’s payment to a person injured by his or her asbestos exposure (“Indemnity Claim”).

A claim asserted by a spouse, partner, relative, or estate of an Asbestos PI Trust Claimant generally is not an Indirect Claim.

For purposes of this form, the “Indirect Claimant” is the entity asserting an Indirect Claim, and the “Direct Claimant” is the person whose asbestos exposure gave rise to the Indirect Claim.

Please complete this form as thoroughly and accurately as possible, and, should you need more space to provide all relevant information, please attach additional sheets. For additional or more detailed information about Indirect Claims, please review Section 5.6 of the Trust’s Distribution Procedures and the Trust’s Uniform Glossary of Defined Terms.

---

<sup>1</sup> Capitalized terms utilized in this form and not otherwise defined are defined in the Uniform Glossary of Defined Terms for Plan Documents

**Information Identifying Indirect and Direct Claimants**

**Indirect Claimant**

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

Federal Employer I.D. Number: \_\_\_\_\_

Attorney or Other Contact Person: \_\_\_\_\_

Law Firm or Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Direct Claimant**

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

Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Amount of Indirect Claim**

Amount Claimed: \$ \_\_\_\_\_

Factual and Legal Basis of Amount Claimed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Indirect Claim Type**

**Contribution Claim**

If asserting a Contribution Claim, provide the following information:

Factual and Legal Basis of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

People or Entities Liable for the Direct Claimant's Asbestos-Related Disease:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Contribution Claims Asserted by the Indirect Claimant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additionally, please attach copies of the following documents to this Claim Form, if applicable:

- (1) complaints, petitions, or similar documents evidencing the Direct Claimant's assertion of claims against the Indirect Claimant;
- (2) the judgment entered against the Indirect Claimant or the settlement agreement resolving the Direct Claimant's claims;
- (3) discovery requests made in the proceeding resulting in the judgment or settlement agreement and responses to such requests;
- (4) proof that the Indirect Claimant has satisfied the judgment or discharged its obligations under the settlement agreement;
- (5) other contribution claims asserted by the Indirect Claimant; and
- (6) documents evidencing the resolution of other contribution claims asserted by the Indirect Claimant.

**Assigned Claim**

If asserting an Assigned Claim, please provide the following information:

Factual and Legal Basis of Claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additionally, please attach copies of the following documents to this Claim Form:

- (1) agreements assigning the Direct Claimant's Asbestos PI Trust Claim to the Indirect Claimant (if the assignment was accomplished by operation of law, please cite the relevant legal authority above) and
- (2) proof that the Indirect Claimant has satisfied any prerequisites to such assignment.

**Indemnity Claim**

If asserting an Indemnity Claim, provide the following information:

Factual and Legal Basis of Claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additionally, please attach copies of the following documents to this Claim Form:

- (1) agreement obligating a Halliburton or Harbison-Walker Entity to indemnify the Indirect Claimant;
- (2) complaints, petitions, or similar documents evidencing the Direct Claimant's assertion of claims against the Indirect Claimant;
- (3) the judgment entered against the Indirect Claimant or the settlement agreement resolving the Direct Claimant's claims;
- (4) discovery requests made in the proceeding resulting in the judgment or settlement agreement and responses to such requests; and
- (5) proof that the Indirect Claimant has satisfied the judgment or discharged its obligations under the settlement agreement.

**Other Indirect Claim**

If asserting an Indirect Claim other than a Contribution, Assigned, or Indemnity Claim, provide the following information:

Factual and Legal Basis of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Assertion of Indirect Claim in Other Proceedings**

If this Indirect Claim has been asserted previously against the Trust or a Halliburton or Harbison-Walker Entity, please describe such proceeding: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**Signature Page and Certification**

**Sign here as the attorney for the Indirect Asbestos Claimant:**

By signing below, the attorney certifies that the information and materials submitted now or in the future, including any supplemental documentation or information, changes and corrections are and will be submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure. In addition, by signing below, the Attorney certifies and warrants that the attorney is authorized by law to file this claim on behalf of the Indirect Asbestos Claimant.

Signature of Attorney for Indirect Asbestos Claimant

Please print the name of the signatory above

Name of Firm

Executed on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.