DII Industries, LLC Asbestos PI Trust

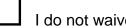
ELECTION FORM FOR PRO BONO EVALUATION

I, _____ ("Claimant"), Asbestos Unsecured PI Trust

Claim No. _____, hereby elect and agree to:

Non-Binding	document	evaluation	of my	Asbestos	Unsecured	PI Trust
Claim by an	individual s	elected from	m a pai	nel of pro	bono evalua	tors who
volunteered t	o serve at t	he request	of the A	sbestos T	AC.	

Unless the box below is initialed, the undersigned waives anonymity of the claimant in the pro bono evaluation of this Asbestos Unsecured PI Trust Claim. The Asbestos PI Trust encourages leaving this box blank and waiving anonymity so that medical records may be transmitted in their original form.



I do not waive anonymity.

	SIGNED this	day of		. 20 .
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Claimant or Claimant's Attorney

Printed Name

Accepted and Consented to:

DII INDUSTRIES, LLC ASBESTOS PI TRUST

By: