

T H Agriculture & Nutrition, L.L.C. Asbestos Personal Injury Trust

Instructions for Filing Claims

The T H Agriculture & Nutrition, L.L.C. Asbestos Personal Injury Trust (the “Trust”) was established as a result of the bankruptcy of T H Agriculture & Nutrition, L.L.C. (“THAN”). The Trust was created to process, liquidate and pay valid asbestos personal injury claims in accordance with the T H Agriculture & Nutrition, L.L.C. Asbestos Personal Injury Trust Distribution Procedures (as amended, the “TDP”).

These instructions provide an overview of how to file a claim with the Trust and are intended to assist claimants (*i.e.*, the injured party or his or her personal representative) in filing a complete and valid claim. All legal requirements for a valid claim, however, are set forth in full in the TDP - a copy of which is attached. The T H Agriculture & Nutrition, L.L.C. Asbestos Personal Injury Trust Procedures for Reviewing and Liquidating Asbestos PI Claims (the “Trust Procedures”) set forth the Trust’s procedures for reviewing and liquidating claims and may be found at www.THANasbestostrust.com. These instructions are organized in four sections:

- How do I file a claim with the Trust?
- How will claims be processed?
- What are the requirements for a valid claim under the TDP?
- How will I receive payment if I have a valid claim?

Section 1: How do I file a claim with the Trust?

To file a claim, you must submit a completed Claim Form along with all of the required supporting documentation. The supporting documentation is discussed below. You may submit your claim to the Trust either (1) by submission of a hard copy of the enclosed Claim Form; (2) by electronic submission of the Claim Form in Excel format through the Trust’s online filing system; or (3) by entry of the claim information using the on-line Claim Form. A copy of the Claim Form in Excel format is available for download at www.THANasbestostrust.com. You may also provide the supporting documentation in either hard copy or in electronic format (as either PDF or TIFF files). All materials must be sent to the Trust by mail, e-mail or facsimile, or submitted online by using the following addresses:

Mail Submissions:

T H Agriculture & Nutrition, L.L.C. Asbestos Personal Injury Trust
C/O Verus Claims Services, LLC
3967 Princeton Pike
Princeton, NJ 08540
Telephone: (609) 466-0427
Facsimile: (609) 466-1449
E-mail: support@verusllc.com

Online submissions: <https://trust.verusllc.com>

To use the Trust’s online filing system, law firms must first execute the Electronic Filer Agreement attached to these instructions. The Electronic Filer Agreement is also available for download at www.THANasbestostrust.com. The Trust strongly recommends that law firms make use of the online

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filing option, as it significantly reduces the time and expense required for processing claims.

All law firms must also complete the Law Firm Registration Form prior to submitting claims. The Law Firm Registration form is also available for download at www.THANasbestostrust.com. Registering with the Trust is required in order for the Trust to confirm tax identification numbers prior to making disbursements, as required by the Internal Revenue Service.

Every effort should be made to submit the Claim Form and all required documentation at the same time. Incomplete submissions will not be placed in the first-in-first-out processing queue (the “FIFO Processing Queue”) – and therefore will not be reviewed by the Trust – until such time as any missing required information and/or documentation is provided by the claimant. Incomplete submissions also increase processing time for all claimants and consume valuable Trust resources which would otherwise be available for the payment of claims. Questions regarding the Claim Form and claim processing may be directed to:

Dan Myer (609) 466-0427 x1006 dmyer@verusllc.com

Mark Eveland (609) 466-0427 x1004 meveland@verusllc.com

Statutes of Limitations and Repose

All claims must be filed before the expiration of the relevant statutes of limitations and repose. See Section 5.1(a)(2) of the TDP for details on the application of the statutes of limitations and repose and tolling provisions. For purposes of statutes of limitations and repose, a claim will be deemed to be filed when the Trust has assigned a Claim ID Number. A Claim ID Number is assigned when a claimant’s name and Social Security Number are filed with the Trust.

Disease Levels

Claims are categorized according to eight asbestos-related Disease Levels. The Disease Levels are:

Mesothelioma (Level VIII)

Lung Cancer 1 (Level VII)

Lung Cancer 2 (Level VI)

Other Cancer (Level V)

Severe Asbestosis (Level IV)

Asbestosis/Pleural Disease (Level III)

Asbestosis/Pleural Disease (Level II)

Other Asbestos Disease (Level I)

Each Disease Level has been assigned medical and exposure criteria. Seven Disease Levels have Scheduled Values (for Expedited Review), and seven Disease Levels have ranges of values (for Individual Review). The Disease Level values have been selected and derived with the intention of achieving a fair

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allocation of the Trust’s funds as among injured parties suffering from different diseases in light of the best available information considering the settlement history of THAN and the rights claimants would have in the tort system absent the bankruptcy.

Required Information and Supporting Documentation

Claims will only be placed in the FIFO Processing Queue for further review by the Trust when they are determined to be “sufficiently complete to be reviewed” per Section 5.1(a)(1) of the TDP. In order to meet the “sufficiently complete to be reviewed” requirement, all of the following information and supporting documentation must be provided:

Required Information

Claim Form Section	Label
Claims Process	Expedited Review or Individual Review
Section 1: Injured Party Information	Last Name
Section 1: Injured Party Information	First Name
Section 1: Injured Party Information	Social Security Number
Section 1: Injured Party Information	Date of Birth
Section 1: Injured Party Information	Date of Death (if applicable)
Section 1: Injured Party Information	Gender
Section 2: Law Firm/Attorney Information	Filer ID
Section 3: Asbestos Related Injury	Disease Level
Section 3: Asbestos Related Injury	Diagnosis Date
Section 6: Asbestos Litigation and Claims History	Lawsuit or Claim Filing Date (if a lawsuit or claim was filed)
Section 6: Asbestos Litigation and Claims History	State Filed (if a lawsuit was filed)
Section 6: Asbestos Litigation and Claims History	Court (if a lawsuit was filed)
Section 6: Asbestos Litigation and Claims History	Docket Number (if a lawsuit was filed)
Section 6: Asbestos Litigation and Claims History	Jurisdiction Selection (if no lawsuit was filed)
Section 7: Occupational Exposure to Asbestos Products	Start Date
Section 7: Occupational Exposure to Asbestos Products	End Date
Section 7: Occupational Exposure to Asbestos Products	Occupation
Section 7: Occupational Exposure to Asbestos Products	Site of Exposure
Section 7: Occupational Exposure to Asbestos Products	Site Location City
Section 7: Occupational Exposure to Asbestos Products	Site Location State
Section 7: Occupational Exposure to Asbestos Products	Site Location Country
Section 7: Occupational Exposure to Asbestos Products	Industry
Section 7: Occupational Exposure to Asbestos Products	Names of all asbestos-containing products used at this site which injured party was exposed to and which injured party alleges THAN is legally responsible
Section 7: Occupational Exposure to Asbestos Products	Description of Significant Occupational Exposure

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Required Supporting Documentation

For all claimants:

- Medical records supporting the diagnosis of the claimed Disease Level.
- Proof of THAN exposure, as required by the TDP.
- Death certificate (if applicable).

For claimants asserting claims for lost wages or Exigent Hardship Claims based upon lost wages:

- Documentation supporting the claim that any and all wage loss incurred by the injured party was the result of the injured party's asbestos-related disease. This documentation would include, but not be limited to, medical records and/or reports, reports from governmental or insurance agencies and/or reports from the injured party's most recent employer.
- Tax returns and/or W-2 forms for the last three (3) full years of employment.

For claimants asserting Exigent Health Claims in Disease Levels IV-VII:

- Declaration or affidavit by a physician who has examined the claimant as required by the TDP.

Section 2: How will claims be processed?

FIFO Processing Order

In general, claims will be processed and a liquidated value will be assigned to claims in the order in which the claims are received by the Trust, on a first-in-first-out basis. The Trust assigns a FIFO processing number when the claim is deemed sufficiently complete to be reviewed (as specified above under ***Required Information and Supporting Documentation***). See the Trust Procedures for discussion regarding the FIFO Processing Queue.

See section 5.1(a)(1) of the TDP for detailed FIFO processing specifications.

Liquidation of Claims

When filing a claim, the claimant may elect either Expedited Review or Individual Review. If a claim is eligible for Expedited Review and no election is indicated by the claimant at the time the claim is filed, the Trust will review the claim under the Expedited Review process.

Because the detailed examination and valuation process pursuant to Individual Review requires substantial time and effort, claimants electing to undergo the Individual Review process may likely be paid later than would have been the case had the claimant elected the Expedited Review process. If the claimant is seeking Individual Review, Sections 4, 8, 9 and 10 of the Claim Form must be completed to the extent applicable.

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Expedited Review

Expedited Review is explained in Section 5.3(a) of the TDP. All claimants, except those with claims for Lung Cancer 2 (Disease Level VI), Foreign Claims, claims for secondary exposure, and Extraordinary Claims, may elect Expedited Review of their claim. Under Expedited Review, the Trust will determine whether the claim meets the presumptive medical and exposure criteria for one of the seven Disease Levels eligible for Expedited Review and will advise the claimant of its determination. If the Trust determines that a claim meets the criteria for one of the seven Disease Levels, the Trust will assign the claim the established Scheduled Value for that Disease Level. The Disease Levels and Scheduled Values are set forth at section 5.3(a)(3) of the TDP, and reproduced below. The Trust will tender to the claimant an offer of payment in an amount equal to the Scheduled Value multiplied by the Payment Percentage, as explained below. If the claimant accepts the offer, the claim will be paid as set forth in Section 4 of these instructions. If the claimant rejects the offer, the claimant may request Individual Review.

Alternatively, if the Trust concludes that a claim does not meet the presumptive Medical/Exposure Criteria for one of the seven Disease Levels eligible for Expedited Review, the Trust will deny the claim. If the Trust denies the claim, the claimant may then request Individual Review.

Individual Review

The Trust's Individual Review process provides a claimant with an opportunity for individual consideration and evaluation of a claim. All Lung Cancer 2 (Level VI) claims must be submitted for Individual Review. In addition, all Foreign Claims, as defined in Section 5.3(b)(1) of the TDP, all claims for secondary exposure, as described in Section 5.5 of the TDP, and all Extraordinary Claims, as defined in Section 5.4(a) of the TDP, must be submitted for Individual Review. Exigent Health Claims and Exigent Hardship Claims, as defined in Section 5.4(b) of the TDP, may be submitted for Individual Review.

Any claimant whose claim fails to meet the presumptive Medical/Exposure Criteria required for liquidation under Expedited Review may seek Individual Review of his or her claim. If the Trust is satisfied that the claimant has presented a claim that would be cognizable and valid in the tort system, the Trust may offer the claimant a liquidated value up to the Scheduled Value for the relevant Disease Level.

In addition, claimants holding claims in Disease Levels II, III, IV, V, VII or VIII may seek Individual Review in order to determine whether the liquidated value of their claims exceeds the Scheduled Value for the relevant Disease Level. However, unless the claim qualifies as an Extraordinary Claim as described in Section 5.4(a) of the TDP, the liquidated value of a Disease Level II-VIII claim determined under Individual Review may not exceed the Maximum Value for the relevant Disease Level, as set forth in Section 5.3(b)(3) of the TDP. Also, the liquidated value of any claim that undergoes Individual Review may be determined to be less than the Scheduled Value the claimant would have received under Expedited Review.

Please refer to Section 5.3(b)(2) of the TDP for the valuation factors considered in the Individual Review process.

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If the Trust determines that a claim for any Disease Level is deficient or does not qualify for payment, then the Trust will issue a notice of deficiency to the claimant or deny the claim.

If a claimant rejects the liquidated value offered after an Individual Review, the claimant may challenge the resolution of the claim under the Trust's ADR procedures. See Section 5.10 of the TDP for ADR provisions.

Extraordinary Claims, Exigent Health Claims and Exigent Hardship Claims

The TDP provides for Extraordinary Claims, Exigent Health Claims and Exigent Hardship Claims. For details of the requirements for each of these types of claims, see Section 5.4 of the TDP.

Section 3: What are the requirements for a valid claim under the TDP?

General Requirements

All claimants are required to submit a complete Claim Form with the required supporting documentation. At a minimum, the supporting documentation must consist of a medical report from the diagnosing physician and a death certificate, if applicable.

The following chart, used for Expedited Review, summarizes the Scheduled Values and Medical/Exposure Criteria for the various Disease Levels. This chart is only intended as a general guideline for a valid claim. As stated throughout these instructions, the TDP must be consulted to determine whether the claim satisfies the requirements for a valid claim. See Section 5.3(a)(3) of the TDP for all applicable criteria.

<u>Disease Level</u>	<u>Scheduled Value</u>	<u>Medical/Exposure Criteria</u>
Mesothelioma (Level VIII)	\$150,000	(1) Diagnosis of mesothelioma; and (2) THAN Exposure as defined in Section 5.7(b)(3) of the TDP.
Lung Cancer 1 (Level VII)	\$ 65,000	(1) Diagnosis of a primary lung cancer plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months THAN Exposure prior to December 31, 1986, (3) Significant Occupational Exposure to asbestos (as defined in Section 5.7(b)(2) of the TDP), and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.
Lung Cancer 2 (Level VI)	None	(1) Diagnosis of a primary lung cancer, (2) THAN Exposure prior to December 31, 1986, and (3) supporting medical

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		documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.
Other Cancer (Level V)	\$ 30,000	(1) Diagnosis of a primary colorectal, laryngeal, esophageal, pharyngeal, or stomach cancer, plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months THAN Exposure prior to December 31, 1986, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the other cancer in question.
Severe Asbestosis (Level IV)	\$ 60,000	(1) Diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestosis, plus (a) TLC less than 65%, or (b) FVC less than 65% and FEV1/FVC ratio greater than 65%, (2) six months THAN Exposure prior to December 31, 1986, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary impairment in question.
Asbestosis/ Pleural Disease (Level III)	\$ 8,000	(1) Diagnosis of Bilateral Asbestos-Related Nonmalignant Disease plus (a) TLC less than 80%, or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%, and (2) six months THAN Exposure prior to December 31, 1986, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary impairment in question.
Asbestosis/ Pleural Disease (Level II)	\$ 3,800	(1) Diagnosis of Bilateral Asbestos-Related Nonmalignant Disease, and (2)

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six months THAN Exposure prior to December 31, 1986, and (3) five years cumulative occupational exposure to asbestos.

Other Asbestos Disease
(Level I Cash Discount Payment) \$ 500

(1) Diagnosis of a Bilateral Asbestos-Related Nonmalignant Disease or an asbestos-related malignancy other than mesothelioma, and (2) THAN Exposure prior to December 31, 1986.

Medical Evidence

In general, all diagnoses of a Disease Level shall be accompanied by either (i) a statement by the physician providing the diagnosis that at least 10 years have elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis, or (ii) a history of the injured party's exposure sufficient to establish a 10-year latency period. Medical records supporting the claimed Disease Level must be submitted with the Claim Form.

For further details regarding medical evidence required for a valid claim, see Section 5.7(a) of the TDP.

Exposure Evidence

In general, to meet the presumptive exposure requirements for Expedited Review, the claimant must show:

- For all Disease Levels, THAN Exposure (as described below and as set forth in the TDP) prior to December 31, 1986.
- For Disease Level II, six months of THAN Exposure (as described below and as set forth in the TDP) prior to December 31, 1986, plus five years of cumulative occupational exposure to asbestos.
- For Disease Levels III, IV, V or VII, six months of THAN Exposure (as described below and as set forth in the TDP) prior to December 31, 1986, plus Significant Occupational Exposure (as described below and as set forth in the TDP) to asbestos.

If the claimant cannot meet the presumptive exposure requirements for a Disease Level for Expedited Review, the claimant may seek Individual Review. For further details regarding exposure evidence required for a valid claim, see Section 5.7(b) of the TDP.

THAN Exposure

See Section 5.7(b)(3) of the TDP for the required showing of THAN Exposure.

The Claim Form requires the claimant to list the occupation and industry in which the injured party worked at the time the THAN Exposure occurred. If signed by the injured party, execution of a fully completed Claim Form under penalty of perjury will be accepted as evidence of exposure for purposes of Section 5.7(b)(3) of the TDP. See Claim Form, Part 11.

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Significant Occupational Exposure

Claims submitted for Disease Levels III, IV, V or VII must demonstrate Significant Occupational Exposure in order to meet the presumptive exposure requirements for Expedited Review. See Section 5.7(b)(2) of the TDP for the required showing of Significant Occupational Exposure.

Section 4: How will I receive payment if I have a valid claim?

Once a claim is liquidated, it is placed in line for payment. Prior to payment, the Trust will require that the claimant execute a release. The order of payment is based on the date of the Trust's receipt of the executed release. If the claim is made by a personal representative, the executed release must be accompanied by Letters of Administration or other proof of the personal representative's capacity unless such documentation has previously been submitted to the Trust. The claimant will receive a payment equal to the Payment Percentage multiplied by the liquidated value of the claim. If the claimant is represented by an attorney, the payment will be made to the attorney on behalf of the claimant. If the claimant is not represented by an attorney, the payment will be made directly to the claimant. See the Trust Procedures for a full explanation of the Trust's payment procedures.

Payment Percentage

Except for claims involving Other Asbestos Disease (Disease Level I), all claims are subject to the Payment Percentage. The Payment Percentage is the percentage of the full liquidated value of a claim that claimants will receive from the Trust. The Payment Percentage is calculated based on the Trust's estimate of the number, types and values of present and future claims and the value and liquidity of the Trust's assets after considering the Trust's operating expenses.

Currently, the Payment Percentage is 15%. Applying this Payment Percentage, a claimant with a valid claim that is liquidated at Scheduled Value will receive 15% of the Scheduled Value of the claim. However, the Payment Percentage is subject to adjustment pursuant to the TDP, and thus payments to claimants may be made at a lower Payment Percentage. The Trustees may adjust the Payment Percentage to reflect updated forecasts of the Trust's assets and liabilities. Because there is uncertainty in the prediction of both the number and severity of future claims, and the amount of the Trust's future assets, no guarantee can be made of the Payment Percentage.

Annual Payment Limitations

To assure that the Trust has adequate resources to pay similarly situated present and future claims in similar amounts, the Trust's payments to all claimants in any year may not exceed the Maximum Annual Payment for that year. In distributing the Maximum Annual Payment, the Trust will first allocate the amount in question to claims involving Other Asbestos Disease (Disease Level I – Cash Discount Payment) that have been liquidated by the Trust. The remaining portion of the Maximum Annual Payment (the "Maximum Available Payment"), if any, will then be allocated and used to satisfy all other liquidated claims. See Section 2.4 of the TDP for information regarding the Maximum Annual Payment and Maximum Available Payment.

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In addition, payments are subject to the Claims Payment Ratio. 80% of the Maximum Available Payment may be used to pay claims in Disease Levels IV-VIII in a given year, and 20% of the Maximum Available Payment may be used to pay claims in Disease Levels II and III. See Section 2.5 of the TDP for information regarding the Claims Payment Ratio.