YOU MUST SUBMIT YOUR CLAIM FORM BY JULY 23, 2013

CLAIM FORM

IT IS IMPORTANT THAT YOU TRY TO ANSWER ALL QUESTIONS AND AS FULLY AND ACCURATELY AS POSSIBLE. FAILURE TO FULLY ANSWER THE QUESTIONS OR TO PROVIDE THE REQUESTED INFORMATION AND/OR DOCUMENTATION MAY IMPACT YOUR ABILITY TO OBTAIN BENEFITS.

I. By submitting this Claim Form, I state that I currently own, or previously owned, a structure that contains or contained one or more Pella ProLine brand casement, awning and/or transom window(s) manufactured by Pella between January 1, 1991 and December 31, 2006 (collectively "Pella ProLine Casement Window(s)").

II. Identification of Person Submitting this Form.

First Name | MI | Last Name

Mailing Address, including apartment, unit or box number

City | State | Zip Code

Phone Number

– –

Email

III. Claim Information.

If you need additional space to complete this form, please attached additional pages, and clearly identify by question number which question(s) you are answering on your attached pages.

1. Please identify the address of the building which contains or contained one or more Pella ProLine Casement Window(s) for which this claim applies, if different from the above:

Mailing Address, including apartment, unit or box number

City | State | Zip Code

a. Type of Structure:

☐ Single Family Home ☐ Apartment ☐ Condo ☐ Commercial ☐ Other: _____

b. Number of units, if not a single family home:

2. Identify the number of Pella ProLine Casement Window(s) installed. ☐☐☐

   Please attach whatever documentation you have establishing the number of Pella ProLine Casement Window(s) that are/were installed. Pella's name may appear on the knob of the window crank.

The following questions seek information and documentation establishing that you meet the requirements to receive benefits under the Settlement. **You will need to produce documentation sufficient to establish these items in order to receive benefits under the Settlement.**

3. If known, please identify the **purchase date** of your Pella ProLine Casement Window(s) identified above and from whom the windows were purchased. Include all purchase order numbers, if known.

   a. Date of purchase ☐☐ – ☐☐ – ☐☐☐☐
   MM DD YYYY

   b. From whom the windows were purchased (Individual or Business)

   c. Purchase order numbers (if known)

   Purchase Order 1

   Purchase Order 2

   Purchase Order 3

If known, please identify the **date of installation** of your Pella ProLine Casement Window(s) identified above.
If not known, please identify the date your home was built.

Installation Date: ☐☐ – ☐☐ – ☐☐☐☐
MM DD YYYY

OR

Date Home was built: ☐☐ – ☐☐ – ☐☐☐☐
MM DD YYYY

4. If available, please provide the **glass etch** information for each window. This information is located on the glass in one of the corners of each window.

   Note: For examples of *glass etch* information placement please reference **Figure 1** of the instructions page.

   Glass Etch 1

   Glass Etch 2

   Glass Etch 3

5. If available, please provide the **Product Identity Stamps** for window(s) manufactured from 1991 through 1997, and please provide the **Unit ID Labels** for window(s) manufactured from 1997 through 2006.

   a. The **Product Identity Stamp** is located on the sill of the product. To find it, open the sash and examine the frame sill assembly. Examine the area around the pivot head screw or the flat part where the hardware is attached and slides. When looking for the stamp, it may be necessary to clean built up dirt from the sill to be able to see the stamp. The stamp is located approximately 2 to 4 inches from one corner of the unit.

   Note: For an example of *Product Identity Stamp* placement please reference **Figure 2** of the instructions page.

   Product Identity Stamp 1 Product Identity Stamp 2 Product Identity Stamp 3

   b. The **Unit ID Label** was adhered to the glass of each window. The Label is a string of number that could be 50+ digits long. To find it, examine the interior glass on spacer and the lower corner of the glass.

   Note: For an example of *Unit ID* label placement please reference **Figure 3** of the instructions page.

   Unit ID 1

   Unit ID 2

   Unit ID 3

   Please attach any documentation and/or photographs to show the **purchase date** or **date of installation** of your Pella ProLine Casement Window(s), or to show when your home was built. Include any receipts or purchase orders.

   You may have documents from the original purchase, documents from Pella identifying the type and vintage (year of manufacture) of the window(s), or other invoices, photographs, or documents with identifying information. This documentation needs to be provided.

6. Identify whether the wood portion of the Pella ProLine Casement Window(s) that faces the interior of the building was "finished," i.e., painted, stained, or varnished. ☐ No ☐ Yes

   a. If the wood portion of the Pella ProLine Casement Window(s) was finished, please identify, if you know, whether the window was sold already finished or whether it was finished after sale or installation by someone other than Pella (e.g., the homeowner, the owner of the building, a contractor or a painter, etc.).

   ☐ Sold Finished ☐ Finished after sale

   Please attach any documentation and/or photographs you may have to show whether or not the portion of the Pella ProLine Casement Window(s) that faces the interior of the building was "finished".

7. Identify whether your Pella ProLine Casement Window(s) has/have sustained water-intrusion related damage, such as wood rot. ☐ No ☐ Yes

If you replied Yes to question 8 above, please answer the following questions:

8. Identify the nature of the damage alleged in the claim you are making as part of this Class Action litigation.

_____

_____

_____

_____

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_____

a. Please specify whether you are making a claim for (check all that apply):

☐ Damage to your window(s) that has/have already been repaired or replaced

☐ Damage to your window(s) that has/have NOT already been repaired or replaced

☐ Damage to your window finish(es) that has/have already been repaired or replaced

☐ Damage to your window finish(es) that has/have NOT already been repaired or replaced

☐ The cost of installing a replacement window(s) that has/have already been replaced

☐ Damage to other property other than your window(s) (such as damage to the structure surrounding the window(s)) caused by water intrusion in the window that has/have already been repaired or replaced

☐ Damage to other property other than your window(s) (such as damage to the structure surrounding the window(s)) caused by water intrusion in the window that has/have NOT already been repaired or replaced

b. Identify the Location of any property damage in addition to your window(s) (check all that apply):

☐ Wall ☐ Ceiling ☐ Floor ☐ Under/Around Fixtures ☐ Upstairs ☐ Downstairs

☐ In Basement ☐ Other: _____

c. State the total number of Pella ProLine Casement Window(s) damaged by water intrusion: ☐☐☐

Because the Settlement Administrator must verify that your window(s) experienced damage covered by the Settlement, please attach any photographs or other documentation to verify the damages claimed above.

9. Have you at any time prior to November 1, 2012 notified Pella Corporation, Pella Windows and Doors, Inc. (collectively "Pella"), any employee of Pella Corporation, or a Pella Sales branch regarding wood rot or water intrusion related to your Pella ProLine Casement Window(s) identified in this Claim Form? ☐ No ☐ Yes

If "Yes", state:

Date of notification

☐☐ – ☐☐ – ☐☐☐☐
MM DD YYYY

Name (Business or Individual) to whom you made the notification

If you have any contemporaneous documentation (documentation made or received at or near the time of the notification) that verifies any such notifications, please attach that documentation. Examples of such documentation would be a copy of a letter or email received from Pella Customer Service.

10. Have you at any time prior to November 1, 2012 made a claim or claims to Pella Corporation or Pella Windows and Doors, Inc. (collectively "Pella"), any employee of Pella Corporation, or a Pella Sales branch for repair or replacement damage to your Pella ProLine Casement Window(s) identified in this Claim Form, which you alleged was incurred by the failure of your Pella ProLine Casement Window(s)? ☐ No ☐ Yes

If "Yes", state (1) the date of the claim, (2) to whom you made the claim, (3) the nature of the alleged damage:

Date of the claim

☐☐ – ☐☐ – ☐☐☐☐
MM DD YYYY

Name to whom you made the claim (Individual or Business)

The nature of the alleged damage: _____

_____

_____

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If you have any contemporaneous documentation (documentation made or received at or near the time of the claim) that verifies any such claims, please attach that documentation. Examples of such documentation would be a copy of a letter or email received from Pella Customer Service.

11. If you answered "Yes" to Question No. 11, was or were any of your claims denied? ☐ No ☐ Yes

If "Yes", state the ultimate outcome of the claim: _____

_____

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_____

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If you have any contemporaneous documentation (documentation made or received at or near the time of the claim) that verifies any such denial of claims, please attach that documentation. Examples of such documentation would be a copy of a letter or email received from Pella Customer Service.

12. Did Pella, any employee of Pella Corporation, or a Pella Sales branch inspect the Pella ProLine Casement Window(s) (or the surrounding property) identified in this Claim Form, after you discovered the damages alleged in this Claim Form? ☐ No ☐ Yes

If "Yes", state who performed the inspection, and the date of the inspection:

Date of the inspection

☐☐ – ☐☐ – ☐☐☐☐

MM DD YYYY

Name of who performed the inspection (Individual or Business)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

If you have any contemporaneous documentation (documentation made or received at or near the time of the claim) that verifies such an inspection, please attach that documentation. Examples of such documentation would be a copy of a letter or email received from Pella Customer Service.

13. Have you previously repaired any alleged damage to or from the Pella ProLine Casement Window(s) or replaced such Window(s)? ☐ No ☐ Yes

If "Yes", state the date of the repair or replacement, and the nature of the repair or replacement:

Date of the repair or replacement

☐☐ – ☐☐ – ☐☐☐☐

MM DD YYYY

Nature of the repair or replacement: _____

_____

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_____

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_____

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14. If you answered "Yes" to Question No. 14 please also provide how much it cost you:

a. To repair or replace your Pella ProLine Casement Window(s) (if applicable)? $ ☐☐☐☐☐☐ . ☐☐

b. To repair or replace the window finish(es) of your Pella ProLine Casement Window(s) (if applicable)? $ ☐☐☐☐☐☐ . ☐☐

c. For installation costs, if necessary (if applicable)? $ ☐☐☐☐☐☐ . ☐☐

d. To repair or replace property other than your window(s) caused by water intrusion in your Pella ProLine Casement Window(s)? $ ☐☐☐☐☐☐ . ☐☐

Please attach contemporaneous documentation (documentation made or received at or near the time of the repair or replacement) that verifies the date and nature of the repair or replacement and the amount of your repair or replacement costs. Examples of such documentation include receipts, invoices, canceled checks, or other financial records showing the amount of money paid for the repair or replacement and the nature of the repair or replacement performed.

15. If you have not had the alleged damage repaired, how much will it cost you to repair the alleged damage to property other than your window(s) caused by water intrusion in your Pella ProLine Casement Window(s)?

$ ☐☐☐☐☐☐ . ☐☐

Please attach documentation that verifies the nature of the damage and the costs necessary to repair the damage to property other than your window(s), including costs for labor, paint, wallboard, or other materials necessary to repair. Examples of such documentation include a qualified contractor's written estimate with line item estimates for each type of cost.

16. Identify whether you have made any claims on your homeowners insurance for water intrusion damage to your Pella ProLine Casement Window(s) or resulting property damage ☐ No ☐ Yes

If "Yes", state:

a. With whom you have your homeowners insurance (Individual or Business)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

b. The amount of the claim: $ ☐☐☐☐☐☐ . ☐☐☐

c. Whether the claim was paid: ☐ No ☐ Yes

d. The amount, if any you were paid on your claim: $ ☐☐☐☐☐☐ . ☐☐

Please attach documentation showing any such claims, any documentation you submitted in support of any such claims, and the result of any such claims.

17. Identify whether you have made any claims to anyone else (such as a contractor, subcontractor, siding manufacturer, etc.) for water intrusion damage to your Pella ProLine Casement Window(s) or resulting property damage.

☐ No ☐ Yes

If "Yes", state:

a. The amount of the claim: $ ☐☐☐☐☐☐ . ☐☐

b. To whom the claim was made (Individual or Business)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

c. The nature of the claim: _____

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d. Whether the claim was paid: ☐ No ☐ Yes

e. The amount, if any, you were paid on your claim: $ ☐☐☐☐☐ . ☐☐

Please attach documentation showing any such claims, any documentation you submitted in support of any such claims, and the result of any such claims.

18. Identify whether you have ever initiated a lawsuit or other legal claims (whether it is resolved or not resolved) against Pella Corporation or Pella Windows and Doors, Inc.? ☐ No ☐ Yes

If "Yes", state:

a. The nature of the lawsuit or other legal claim: _____

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b. The location of the lawsuit or other legal claim: _____

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c. The date the lawsuit or other legal claim was commenced: ☐☐ – ☐☐ – ☐☐☐☐
MM DD YYYY

d. The lawyer representing you in that lawsuit or other legal claim.

Name

Mailing Address, including apartment, unit or box number

City | State | Zip Code

19. Are you currently employed by Pella Corporation or Pella Windows and Doors, Inc.? ☐ No ☐ Yes

IV. Settlements.

1. Have you entered into any oral or written Settlement for the damage alleged in this Claim Form with Pella Corporation, Pella Windows and Doors, Inc., or received the benefit of any payments to you or on your behalf as a result of those damage allegations? ☐ No ☐ Yes

   If "Yes", provide the following information:

   a. Date of Settlement or payment: MM – DD – YYYY

   b. Amount of Settlement or payment: $.

   c. Did you sign any written release or Settlement Agreement? ☐ No ☐ Yes

   If "Yes", please attach a copy of the Release or Settlement Agreement.

2. Have you entered into any oral or written settlement for the damage alleged in this Claim Form with anyone other than Pella Corporation, Pella Windows and Doors, Inc. (such as a contractor, a siding manufacturer, etc.), or received the benefit of any payments to you or on your behalf as a result of those damage allegations?

   ☐ No ☐ Yes

   If "Yes", provide the following information:

   a. With whom you made the Settlement (Individual or Business)

   b. Date of Settlement or payment: MM – DD – YYYY

   c. Amount of Settlement or payment: $.

   d. Did you sign any written release or Settlement Agreement? ☐ No ☐ Yes

   If "Yes", please attach a copy of the Release or Settlement Agreement.

V. Ownership Documentation.

1. Please attach documentation that verifies that you are the current or former owner of the property containing the Pella ProLine Casement Window(s) identified above, during the period when the Pella ProLine Casement Window(s) were/need to be repaired or replaced.

   Examples of sufficient documentation of property ownership include a copy of property tax bills, a copy of property deeds or deeds of trust, a copy of a declaration page from a policy of title or homeowners insurance, a copy of mortgage statement, a copy of mortgage payment coupon, or other documentation demonstrating ownership, including the property address. The documentation must be (a) for/from the year in which the repairs or replacements took place, or (b) for/from the current year if the window(s) has/have yet to be repaired or replaced.

   If you are the owner of an individual living unit such as a condominium or townhouse, then you must also provide satisfactory proof that you have/had the maintenance obligation during the period when the Pella ProLine Casement Window(s) were/need to be repaired or replaced, for the damage alleged in your Claim Form.

   Example of satisfactory proof would be a copy of the Covenants, Conditions and restrictions governing the condominium or townhouse.

VI. Additional Information:

1. Please state below any additional information which you believe would be helpful in evaluating your claim.

VII. By the filing of this Claim Form, you hereby submit to the jurisdiction of the United States District Court for the Northern District of Illinois for the purposes of this claim.

VIII. The benefits provided by the Settlement are for otherwise unreimbursed costs and expenses incurred by you related to damage covered by the settlement. By submitting this Claim Form, you verify that other than what you disclosed in this Claim Form, you have not otherwise been reimbursed or compensated for the costs and expenses you are seeking in this Claim Form.

IX. The benefits provided by the Settlement DO NOT cover damage that was caused by any of the following causes:

(i) misuse, or intentional, reckless, accidental, and/ or negligent physical damage to a window caused directly or indirectly by a Settlement Class Member or other person; (ii) damage to window(s) to the extent resulting from natural disaster including, but not limited to fire, hurricane, wind, flood, earthquake or earth movement; (iii) damage resulting from causes unrelated to window performance (such as plumbing leaks, interior water spills, fire damage, caulk or putty cracks, or any other defect in the structure); (iv) damage due to racking, covering or blocking of weep holes or drilling holes through the window frame; (v) damage due to improper storage, handling, installation, modification, or maintenance; (vi) damage due to an altered or reinstalled window; (vii) damage due to finishes, sealants or caulking not applied by Defendants or failure to finish the product in a timely manner; (viii) damage caused to wood, medium density fiberboard, or sheetrock, sills or jambs by natural weathering; (ix) damage caused by exterior leaks; and (x) damage caused by interior condensation.

By submitting this Claim Form, you verify, under oath and the penalty of perjury, that all of the damage for which you are seeking benefits in this Claim Form was not caused by any of the causes identified in this section.

X. Certification, Under the Penalty of Perjury and Notarization

Pursuant to 28 U.S.C Section 1746, I declare under penalty of perjury that the answers and statements made in the form are true and correct and all enclosures are true and correct copies; and:

1. The Social Security Number or Taxpayer Identification Number for this claimant is correct; and
2. The claimant is NOT subject to backup withholding because: (a) the claimant is exempt from backup withholding, or (b) the claimant has not been notified by the Internal Revenue Service (IRS) that the claimant is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the claimant that he or she is no longer subject to the backup withholding; and
3. The claimant is a U.S. citizen or other U.S. person.

Note: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

Enter your TIN in the appropriate box below.

Social Security Number

			–			–				

Employer Identification Number

		–							

In addition, please answer the following questions:

1. Are you seeking reimbursement for a structure/product, etc., that you no longer own? ☐ No ☐ Yes
2. Did you deduct the cost of installation of the product on your federal tax returns? ☐ No ☐ Yes
3. Did you deduct the cost of repairs of the product on your federal tax returns? ☐ No ☐ Yes

By signing this Claim Form, I certify under the penalty of perjury, that the information I provided in this Claim Form is true and correct, to the best of my knowledge.

Subscribed and sworn to before me this

_____ day of _____, 20 _____

_____
Signature of Claimant

_____
Notary Public

_____
Date of Signature