



2017 TAKATA AIRBAG
RESTITUTION FUND

TAKATA AIRBAG INJURY TRUST

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**Takata Airbag Individual Restitution Fund (“IRF”)
And Takata Airbag Tort Compensation Trust Fund (“TATCTF”)
Notice of Deferral of IRF and/or TATCTF Claim (“Notice”)**

INSTRUCTIONS

This Notice may be submitted to defer the Special Master/Trustee’s consideration of an IRF Claim, Trust Claim and/or POEM Claim under the IRF and/or the TATCTF for personal injury or wrongful death caused by the rupture or aggressive deployment of a Takata phase-stabilized ammonium nitrate (“PSAN”) airbag inflator (a “Takata Airbag Inflator Defect”). **This Notice may be submitted and signed by the person injured by the Takata Airbag Inflator Defect, or by the Legal Representative or the lawyer who represents an injured person, the Legal Representative, or a Decedent.** References to “you” or “your” in this form refer to the Claimant or the Legal Representative. All capitalized terms not defined in this Notice have the meanings in the Claim Forms and the FAQs posted on the Special Master/Trustee’s websites, www.TakataSpecialMaster.com and www.TakataAirbagInjuryTrust.com.

You may defer the consideration of your claim under the IRF and TATCTF for one year from the submission of your Notice of Claim or Claim Form, or for as long as a related claim is pending in the tort system, plus 90 days. If you filed a Notice of Claim and indicated in that form that you want to defer consideration of your claim, and you did not subsequently reactivate the claim process, you do not need to submit this form.

You may terminate the deferral of your claim and reactivate the claim process by providing written notice, either by mail or by email, to the Special Master/Trustee using the contact information below. Be sure to include the name of the injured person or Decedent in your Notice and in all correspondence with the Claims Administrator. Once you submit this Notice, no further action will take place with respect to your IRF, Trust, and/or POEM Claims until you notify the Claims Administrator in writing that you would like to reactivate and resume the claim process.

If you previously filed a Notice of Claim but not a Claim Form, once you reactivate the claim process, you must submit either a Personal Injury Claim Form or Wrongful Death Claim Form and supporting documentation. Detailed information regarding how to file a Claim Form, eligibility requirements and other important information can be found in the FAQs posted on the Special Master/Trustee’s websites noted above. Claim Forms are available on the Special Master/Trustee’s claim filing website, www.TakataInjuryClaimSubmission.com.

**FOR HELP WITH THIS FORM, CALL (888) 215-9544 TOLL-FREE OR
EMAIL THE CLAIMS ADMINISTRATOR AT QUESTIONS@TAKATAAIRBAGINJURYTRUST.COM.**

YOU MAY MAIL CORRESPONDENCE TO:

**Takata Airbag Tort Compensation Trust Fund
P.O. Box 10472
Dublin, OH 43017-4072**



SECTION 1: REQUEST FOR DEFERRAL

Do you want to defer the consideration of your claim(s) under the IRF and/or TATCTF?

Yes No

If “Yes,” and if you are relying on a pending lawsuit to defer consideration of your claim, you must provide appropriate documentation of the lawsuit with this Notice. Appropriate documentation includes, without limitation: a copy of the docket of the court where the lawsuit is pending, and/or a recently filed pleading or motion from the case.

Have you previously submitted a Notice of Claim to the Claims Administrator?

Yes No

Have you previously submitted a Wrongful Death or Personal Injury Claim Form to the Claims Administrator?

Yes No

SECTION 2: INJURED PERSON/DECEDENT INFORMATION

Please note that “Injured Person” refers to the person who was injured or who suffered wrongful death as a result of a Takata Airbag Inflator Defect, regardless of whether a Legal Representative or lawyer submits this Notice.

Injured Person’s Full Legal Name:

(First)

(Middle)

(Last)

Injured Person’s Date of Birth:

(mm/dd/yyyy)

Injured Person’s Mailing Address:

Street

City

State (Province) Zip Code (Postal Code) Country

Injured Person’s Primary Telephone Number:

Injured Person’s Secondary Telephone Number:

Injured Person’s Email Address:



SECTION 3: LAWYER INFORMATION *(IF APPLICABLE)*

YOU DO NOT NEED A LAWYER TO FILE THIS NOTICE OR A CLAIM

Complete this Section if the Injured Person or Legal Representative is represented by a lawyer. If you complete this Section, all communication by the Special Master/Trustee and the Claims Administrator will be directed to the lawyer identified below, unless that lawyer instructs us otherwise in writing.

Is the Injured Person or Legal Representative represented by a lawyer?

Yes No

If “yes,” please provide the following information:

Lawyer Name:

(First)

(Middle)

(Last)

Law Firm Name:

Law Firm Address:

Street

City

State (Province) Zip Code (Postal Code) Country

Lawyer's Telephone:

Lawyer Email Address:

Secondary contact at the lawyer's firm:

(First)

(Middle)

(Last)

Position at Firm:

Telephone Number:

Email Address:



SECTION 4: LEGAL REPRESENTATIVE INFORMATION (IF APPLICABLE)

A "Legal Representative" is the person with legal authority to file a claim on behalf of the Injured Person.

Does the Injured Person have a Legal Representative?

Yes No

Legal Representative's Relationship to Injured Person:

Personal Representative

Parent

Guardian

Conservator

Other (please explain):

Legal Representative's Full Name:

(First)

(Middle)

(Last)

Legal Representative's Mailing Address:

Street

City

State (Province) Zip Code (Postal Code) Country

Legal Representative's Primary Telephone Number:

Legal Representative's Secondary Telephone Number:

Legal Representative's Email Address:



SECTION 5: CERTIFICATION AND SIGNATURE

This Notice may be submitted and signed by the person injured by the Takata Airbag Inflator Defect, or by the Legal Representative or the lawyer who represents an injured person, the Legal Representative, or a Decedent.

CERTIFICATION

I hereby certify, under penalty of perjury, that the information provided in this Notice is complete, true and accurate to the best of my knowledge and that I am authorized to file this Notice. Further, I understand that false statements or claims made in connection with this Notice or the related claim(s) may result in fines, imprisonment, and/or any other penalty provided for by law and that suspicious claims may be forwarded to federal, state/province, and local law enforcement agencies for possible investigation and prosecution.

Injured Person's Signature:

Injured Person's Printed Name:

Date:

(mm/dd/yyyy)

Parent's Signature (Required for claims filed on behalf of minors):

Parent Printed Name:

Date:

(mm/dd/yyyy)

Legal Representative Signature (if applicable):

Legal Representative Printed Name:

Date:

(mm/dd/yyyy)

Lawyer Signature (if applicable):

Lawyer Printed Name:

Date:

(mm/dd/yyyy)