

A&I Corporation Asbestos Bodily Injury Trust Law Firm Registration Form

Please complete this form to register your law firm with the A&I Corporation Asbestos Bodily Injury Trust. Registration is required in order to obtain access to the Trust's Online Claims submission and reporting tools, and will also serve to expedite issuance of payments when funds are disbursed. If your firm will require more than one user account to access the online tools, please provide the name and email address for each user requiring an account.

Send the completed form via mail, email or fax as indicated below.

Mail: A&I Corporation Asbestos Bodily Injury Trust
c/o Verus Claims Services, LLC
3967 Princeton Pike
Princeton, New Jersey 08540

Email: support@verusllc.com

Fax: (609) 466-1449

| Law Firm Name and Address | | | |
|---------------------------------------|------------|--------------------------------|--------|
| Law Firm Name | | | |
| Street Address Line 1 | | | |
| Street Address Line 2 | | | |
| City | | State | Zip+4 |
| Main Telephone | Main Fax | Employer Identification Number | |
| Primary Attorney Contact | | | |
| Last Name | First Name | Middle Name | Suffix |
| Direct Dial | Fax | Email Address | |
| Primary Administrative Contact | | | |
| Last Name | First Name | Middle Name | Suffix |
| Direct Dial | Fax | Email Address | |

| User Accounts (Complete one line for each user requiring access; add additional pages if required) | | | |
|---|------------|-------------|---------------|
| Last Name | First Name | Middle Name | Email Address |
| Last Name | First Name | Middle Name | Email Address |
| Last Name | First Name | Middle Name | Email Address |
| Last Name | First Name | Middle Name | Email Address |
| Last Name | First Name | Middle Name | Email Address |