

Must Be Postmarked
No Later Than
December 10, 2015

AIG1



*Thrift Development Corporation v.
American International Group, Inc., et al.,*
UNITED STATES DISTRICT COURT FOR
THE DISTRICT OF SOUTH CAROLINA

No. 8:12-cv-00861-BHH (D.S.C.)

Claim Form

To apply for a refund from the class action settlement in *Thrift Development Corporation v. AIG*, you must file this Claim Form. To file your Claim Form, print this form, fill it out, and mail it to:

Thrift v. AIG
c/o Gilardi & Co. LLC
P.O. Box 8060
San Rafael, CA 94912-8060

Or you may submit a Claim Form online at www.SCWorkersCompSettlement.com.

Important: The deadline to file your Claim Form is December 10, 2015.

YOUR INFORMATION

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Business (if applicable)

Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address (optional)

Area code	Telephone number	Personal ID #	(You can find this number on the top of the first page of the notice you received)
<input type="text"/>	<input type="text"/>	<input type="text"/>	

CONFIRMING YOUR ELIGIBILITY (fill in circle)

You must fill in the circle below in order to receive a refund. The Settlement Administrator will determine your eligibility and calculate your refund amount.

The information I have included on this Claim Form is correct to the best of my knowledge. I would like to receive any refund to which I am eligible under this class action settlement. By checking this box I confirm that, to the best of my knowledge, I have not already received a refund from my insurer related to this claim. Should I later receive a refund from my insurer related to this claim (other than the payment that I receive from this class action settlement), or if this claim is later proved to be inaccurate or false, I agree to reimburse the AIG Defendants for the amount of my class action settlement refund. **(Fill in circle)**

Signature: _____ Dated: _____

Your Title or Position With the Business (if applicable): _____



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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