

Volvo Cars of North America, LLC
c/o Advertising Checking Bureau
P.O. Box 343230
Memphis, TN 38184

VOLVO ETM CLASS ACTION SETTLEMENT CLAIM FORM

If you do not have a copy of your original receipts, this form must be used to seek reimbursement for an ETM repair or replacement and/or towing/rental car expenses incurred in connection with an ETM repair or replacement.

In order to have your claim for reimbursement considered by Volvo this form must be submitted to the address shown below along with any of the following: a copy of your dated cancelled check, or a copy of your dated credit card receipt, or a copy of your dated credit-card statement, or a copy of your claims history report from the repairing detailer.

NOTE: If you are making more than one claim, you must submit a separate form for each claim. For your convenience, all Claim Forms may be submitted in one envelope.

**If you have a copy of your original receipt(s), you do not have to fill out a Claim Form.
Please see the Notice for further instructions**

Fill in the following information:

1. Name: _____

2. Mailing Address: _____
(street)

_____ (city) (state) (zip code)

3. Vehicle Identification Number (“VIN”) which can be found on the front of your class action Notice. Please note, we need your VIN in order to process this claim. If you do not wish to write your VIN here, you must also enclose a document that contains your complete, legible VIN, such as a copy of the settlement Notice you received in the mail, or a copy of the letter you received regarding the California Air Resources Board (“CARB”) warranty extension.

4. Date of ETM repair or replacement: _____

5. Expenses incurred in connection with your ETM repair/replacement (fill in all that apply):

a. \$_____ for ETM repair or replacement.

These expenses were incurred on [fill in date] _____
(mm/dd/yyyy)

b. \$ _____ for vehicle towing expenses due to an ETM repair or replacement.

These expenses were incurred on [fill in date] _____
(mm/dd/yyyy)

c. \$ _____ for rental car expenses due to an ETM repair or replacement.

These expenses were incurred on [fill in date] _____
(mm/dd/yyyy)

6. In lieu of an original receipt, submitted with this form is the following proof which shows the amount paid for the above expenses (check all that apply):

- a. A claims history report from the repairing dealer
- b. A copy of a dated cancelled check
- c. A copy of a dated credit card receipt or statement

Sign and date the Claim Form:

I declare under penalty of perjury that I incurred the foregoing expenses in conjunction with the repair or replacement of the ETM in the Volvo with the VIN number listed at the top of this Claim Form, and that everything stated in this Claim Form is true. Further, I hereby assign to Volvo Cars of North America, LLC any and all rights to a refund of sales taxes paid in connection with the reimbursement of the Electronic Throttle System repairs.

Signature

Date (mm/dd/yyyy)

Send this completed form(s) and the supporting documents described above to Volvo at:

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c/o Advertising Checking Bureau
P.O. Box 343230
Memphis, TN 38184

Things to remember:

1. **Please double check to ensure this Claim Form is filled out in its entirety and that it is signed by you and dated.**
2. **Please make sure to attach *copies* of your supporting documents. (DO NOT SUBMIT ORIGINAL DOCUMENTS!)**
3. **Please make sure to send your Claim Form to the address listed above. Claim Forms sent to any other address may not be processed. DO NOT SEND YOUR CLAIM FORM TO THE ATTORNEYS.**