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UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

IN RE AUTOMOTIVE PARTS ANTITRUST
LITIGATION

Master File No. 12-md-02311
Honorable Sean F. Cox

In Re: OCCUPANT SAFETY SYSTEMS

2:12-cv-00601-SFC-RSW
2:16-cv-10002-SFC-RSW

THIS RELATES TO:
ALL DIRECT PURCHASER ACTIONS

CLAIM FORM

**Important Notice to Purchasers of Occupant Safety Systems
Please Read This Entire Document Carefully**

To Be Eligible to Share in the Distribution of the Proceeds of a Settlement with Joseph J. Farnan, Jr., Solely as Trustee of the Reorganized TK Holdings Trust (the “TK Holdings Trustee”), You Must Complete and Mail this Proof of Claim, Postmarked on or Before September 23, 2022, or Have Previously Submitted a Valid Claim Form in Connection with Prior Settlements with Autoliv Inc., Autoliv ASP, Inc., Autoliv B.V. & Co. KG, Autoliv Japan Ltd., TRW Deutschland Holding GmbH, TRW Automotive Holdings Corp., Tokai Rika Co., Ltd., TRAM Inc. d/b/a Tokai Rika U.S.A., Inc., Toyoda Gosei Co., Ltd., Toyoda Gosei North America Corp., and/or TG Missouri Corp.

INSTRUCTIONS FOR COMPLETING A CLAIM FORM

If you are a direct purchaser of Occupant Safety Systems (and have not excluded yourself from the Settlement Class), you may be entitled to share in the distribution of the proceeds of a settlement reached with the TK Holdings Trustee (the “TK Holdings Settlement Fund”).

To receive your share of the TK Holdings Settlement Fund, you must either have previously submitted a valid Claim Form in connection with the prior settlements with the Autoliv Inc., Autoliv ASP, Inc., Autoliv B.V. & Co. KG, Autoliv Japan Ltd., TRW Deutschland Holding GmbH, TRW Automotive Holdings Corp., Tokai Rika Co., Ltd., TRAM Inc. d/b/a Tokai Rika U.S.A., Inc., Toyoda Gosei Co., Ltd., Toyoda Gosei North America Corp., and/or TG Missouri Corp. Defendants (the “Prior Settlements”) or you must submit a timely and valid Claim Form in accordance with the instructions set forth herein **postmarked no later than September 23, 2022. If you previously submitted a Claim Form with respect to one of the prior settlements in this litigation, you should not file a new Claim Form unless you wish to include additional purchases during the TK Holdings Settlement Class Period that were not included in your prior Claim Form. If you do not have additional claim information, the information from your prior Claim Form will be used to determine the amount of your share of the TK Holdings Settlement Fund.** If you did not previously submit a Claim Form in connection with the Prior Settlements and would like to share in the proceeds of the TK Holdings settlement, then you **must** submit a Claim Form postmarked by **September 23, 2022.**

Please note that if you choose to be excluded from the TK Holdings Settlement Class you may not participate in the distribution of the TK Holdings Settlement Fund.

Eligibility: You are eligible to submit a claim seeking to share in the distribution of the TK Holdings Settlement Fund in this litigation if you are a **direct purchaser** of Occupant Safety Systems in the United States from one or more of the following companies during the period from January 1, 2003 to June 25, 2017: (1) Autoliv, Inc.; (2) Autoliv ASP, Inc.; (3) Autoliv B.V. & Co. KG; (4) Autoliv Japan Ltd.; (5) Takata Corp.; (6) TK Holdings, Inc.; (7) Tokai Rika Co., Ltd.; (8) TRAM Inc. d/b/a Tokai Rika U.S.A., Inc.; (9) Toyoda Gosei Co., Ltd.; (10) Toyoda Gosei North America Corp.; (11) TG Missouri Corporation; (12) TRW Automotive Holdings Corp.; (13) TRW Deutschland Holding GmbH; or (14) any co-conspirator of these companies.



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As used herein, "Occupant Safety Systems" means seat belts, airbags, steering wheels or steering systems, safety electronic systems and related parts and components.

Submission of Claim: Each Claim Form must be signed and verified by the claimant or a person authorized to act on behalf of the claimant, and must be **postmarked no later than September 23, 2022**, and addressed to:

Settlement Administrator
Occupant Safety Systems Direct Purchaser Antitrust Litigation
PO Box 5110
Portland, OR 97208-5110

Do **not** send your Claim Form to the Court or to any of the parties or their counsel. If you receive multiple copies of the Claim Form, complete only one Claim Form covering all of your qualifying purchases. Do not submit more than one claim, and do not submit duplicate claims.

Confirmation of Receipt of Claim: The receipt of a claim will **not** be confirmed or acknowledged automatically by the Settlement Administrator. If you wish to have confirmation that your Claim Form has been received, send it by certified mail, return receipt requested.

Photocopies of Form: A claim may be submitted on a photocopy of the Claim Form. Other forms, or altered versions of the Claim Form, will not be accepted. Additional copies of the Claim Form may be requested from the Settlement Administrator and also may be obtained on-line at www.AutoPartsAntitrustLitigation.com/OSS.

Completion and Support of Claim: Please type or neatly print all requested information. Failure to complete all parts of the Claim Form may result in denial of the claim, may delay processing, or may otherwise adversely affect the claim. All information submitted in a Claim Form is subject to further inquiry and verification. The Settlement Administrator may ask you to provide supporting information. Failure to provide such requested information also might delay, adversely affect, or result in denial of the claim.

The Claim Form asks for certain information relating to your purchases of Occupant Safety Systems, as well as an explanation of the available documentation (such as account statements and extracts of books and records) that supports your claimed purchases.

ONLY INCLUDE IN YOUR CLAIM FORM YOUR DIRECT PURCHASES OF OCCUPANT SAFETY SYSTEMS IN THE UNITED STATES FROM ONE OR MORE OF THE COMPANIES LISTED ABOVE FROM JANUARY 1, 2003 TO JUNE 25, 2017.

Claims of Separate Entities: Each corporation, trust, or other business entity making a claim must submit its claim on a separate Claim Form.

Taxpayer Identification Number: A Claim Form is not complete without the federal taxpayer identification number of the claimant.

Identity of Contact Person: Provide the name, telephone number and e-mail address of the person to be contacted about the information in your Claim Form.

Assistance: If you have any questions about your claim, you may contact the Settlement Administrator at the above address. You may also contact your own attorney or other person to assist you, at your own expense.

Keep a copy: You should keep a copy of your completed Claim Form for your records. You should also retain all of your documents and records relating to your **direct** purchases of Occupant Safety Systems in the United States from any of the listed companies during the period from January 1, 2003 through June 25, 2017. As part of the claims administration process, you may be required to verify certain information about your Occupant Safety Systems purchases such as the Occupant Safety Systems product(s) purchased, the dollar amount(s) purchased, the date(s) of the purchases, and the company(ies) from which you directly purchased the Occupant Safety Systems. If verification of your purchases is sought as part of the claims administration process, you may need to submit purchase records to verify your claim.



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NOTICE REGARDING SOLICITATIONS FROM CLAIMS ASSISTANCE COMPANIES: THERE ARE COMPANIES THAT WRITE OR CALL CLASS MEMBERS AND OFFER THEIR SERVICES IN FILING CLAIM FORMS OR PROVIDING OTHER INFORMATION ABOUT POTENTIAL RECOVERY OF MONIES IN CLASS ACTIONS IN EXCHANGE FOR A PORTION OF ANY SETTLEMENT FUNDS THAT THE CLASS MEMBER MAY ULTIMATELY RECOVER. PLEASE BE ADVISED THAT THESE COMPANIES ARE NOT AFFILIATED WITH PLAINTIFFS, DEFENDANTS OR COUNSEL FOR PLAINTIFFS OR DEFENDANTS AND YOU DO NOT NEED TO USE ONE OF THOSE COMPANIES TO ASSIST YOU OR HELP YOU IN FILING A CLAIM.



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[CLAIM FORM STARTS NEXT PAGE]



CLAIM FORM

I. IDENTITY OF CLAIMANT

Indicate below the claimant's name and mailing address. Please note: Correspondence concerning your claim will be directed to you at your mailing address. **You should notify the Settlement Administrator promptly if your address changes after you have submitted this Claim Form.**

Name

Address

City

State

ZIP Code

 -

Country

Email Address

Claimant is a (check one):

Corporation Individual Trustee in Bankruptcy Partnership

Other (specify, and provide the name and address of the person or entity on whose behalf you are acting):

Name

Address

City

State

ZIP Code

 -

Country

Email Address

II. CONTACT PERSON

Indicate below the person to be contacted regarding this claim and the person's telephone numbers and e-mail address:

First Name

MI

Last Name

Area Code

Telephone No. (Day)

Area Code

Telephone No. (Evening)

Area Code

Fax Number

Email Address



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If it is different from the claimant's address stated above, provide the contact person's address:

Address

Grid for address input

City

Grid for city input

State

Grid for state input

ZIP Code

Grid for ZIP code input

PLEASE PROMPTLY NOTIFY THE SETTLEMENT ADMINISTRATOR OF ANY CHANGE IN THE ADDRESSES AND TELEPHONE NUMBERS SET FORTH ABOVE.

III. YOUR PURCHASES

On the attached Schedule of Purchases worksheet, list the total amount of your direct purchases of Occupant Safety Systems in the United States from each company listed above for each year during the period from January 1, 2003 to June 25, 2017. The purchase amounts must be the net amounts paid after deducting any discounts, rebates, price reductions, taxes, delivery and freight charges. Purchases from companies that are not listed above should not be included.

When records are available to allow you to calculate and document the dollar amount of your purchases, you must base your purchase information on those records. You must identify those records (e.g., invoices, purchase journals, accounts payable journals, etc.) in the Section entitled "Proof of Purchases."

When records are not available, you may submit purchase information based on estimates. If you do submit your purchase information based on estimates, you must explain in the Proof of Purchases section why documents are not available to you and why the estimate is reasonable. In the explanation of how you calculated the estimated purchases, you must identify the documents you used as a basis for your estimates. Estimates can be based on extrapolation from similar circumstances in analogous contexts in the same year (for which you have documentation), or extrapolation from the same or nearly the same circumstances, but in other years (for which you have documentation), or from reports of actual or estimated vehicle production and your records or estimates of the value of Occupant Safety Systems content per vehicle. For example, if you have no records allowing you to calculate your purchases in 2004, you may calculate those purchases by using available records, dated as close to that year as possible (e.g., 2003 or 2005), adjusting for appropriate volume differences and any inflationary unit costs. If you are using sales data and trends to estimate your purchases, you must explain your calculations and retain the documentation used for your calculations until the claims review process has been completed.

IV. PROOF OF PURCHASES

List and identify below those records (e.g., invoices, purchase journals, accounts payable journals, etc.) you used to calculate your claimed purchases. If you based your claim on estimates, list and identify below those records (e.g., invoices, purchase journals, sales journals, accounts payable journals, etc.) used by you as the basis of your estimates, and explain how you calculated your estimated payments.

Horizontal lines for listing records

Your claim is subject to audit by the Settlement Administrator and you may, at a later time, be required to provide copies of some or all of the underlying documentation supporting your claim. Therefore, please retain your documentation until the claims review process has been completed.



V. CLAIMS BASED UPON ASSIGNMENT OR TRANSFER

If the claimant on whose behalf this claim is being submitted acquired from some other person or entity (as assignee, transferee, successor or otherwise) the rights that are the basis of the claim being made, please check the box below and attach copies of legal documents that support the acquisition of the claimant's claim.

Yes - This claim is based upon an assignment or transfer and I have attached copies of supporting legal documents.

VI. EXCLUSION FROM SETTLEMENT CLASS

Identify the Settlement Class, if any, from which you excluded yourself. Specify TK Holdings or enter none.

VII. SUBSTITUTE FORM W-9

Each claimant must provide the information requested in the following box. If the correct information is not provided, a portion of any payment that the claimant may be entitled to receive from the Settlement Fund may be withheld.

Request for Federal Taxpayer Identification Number and Certification

Claimant's federal taxpayer identification number is:

Employer Identification Number
(for corporations, trusts, etc.)

Social Security Number
(for individuals)

- OR - -

Name of taxpayer whose identification number is written above:

First Name

MI

Last Name

I certify that the above taxpayer is **NOT** subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.

NOTE: If you have been notified by the IRS that you are subject to backup withholding, please strike out the word "NOT" in the previous sentence.

Under the penalty of perjury, I certify that the foregoing information is true and correct.

Date: - -
MM DD YYYY

Signature

Printed Name

Instructions regarding IRS Form W-9 are available at the Internal Revenue Service website at <http://www.irs.gov>.



8351999999997

VIII. CERTIFICATION

I, _____, declare under penalty of perjury that the information contained in this Claim Form is true and correct to the best of my knowledge and belief, that I am authorized to sign and submit this claim on behalf of the claimant, that the specific purchases of Occupant Safety Systems listed were made by the claimant **directly** from the companies listed, that the claimant is a member of the TK Holdings Settlement Class and has not requested exclusion from the TK Holdings Settlement Class, that this claim is the only claim being submitted by the claimant, that the claimant does not know of any other claim being submitted for the same purchases, that the claimant has not transferred or assigned its claims, and that I have read the accompanying Instructions and the Notice of Proposed Settlement and Hearing. Claimant submits to the exclusive jurisdiction of the United States District Court for the Eastern District of Michigan for the purpose of investigation or discovery (if necessary) with respect to this claim and any proceeding or dispute arising out of or relating to this claim. The filing of a false claim is a violation of the criminal laws of the United States and may subject the violator to appropriate criminal penalties.

Date: - -
MM DD YYYY

(signature)

(Print your name here)

(Title or position [if claimant is not an individual])

THIS CLAIM FORM MUST BE SENT TO THE FOLLOWING ADDRESS, POSTMARKED NO LATER THAN SEPTEMBER 23, 2022:

Settlement Administrator
Occupant Safety Systems Direct Purchaser Antitrust Litigation
PO Box 5110
Portland, OR 97208-5110

A Claim Form received by the Settlement Administrator shall be deemed to have been submitted when posted if it is mailed by September 23, 2022, a postmark is indicated on the envelope, and it is mailed and addressed in accordance with the above instructions. In all other cases, the Claim Form shall be deemed to have been submitted when actually received by the Settlement Administrator.

You should be aware that it will take a significant amount of time to process fully all of the Claim Forms and to administer the Settlement Fund. This work will be completed as promptly as time permits, given the need to review each Claim Form.

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Please sign the Claim Form on page 8.
2. Please be sure that **all** required information has been provided.
3. Your claim may be subject to review and verification by the Settlement Administrator. Accordingly, you should maintain all of the documentation supporting your claim until the claims review process has been completed.
4. Keep a copy of the completed Claim Form for your records.
5. If you desire an acknowledgment of receipt of your claim, please send it by certified mail, return receipt requested.
6. If you move after submitting your Claim Form, please promptly send the Settlement Administrator your new address.

If you have any questions concerning this Claim Form or need additional copies, contact the Settlement Administrator at: Occupant Safety Systems Direct Purchaser Antitrust Litigation, PO Box 5110, Portland, OR 97208-5110, or at 1-877-797-6093. Copies of the Claim Form also may be obtained online at www.AutoPartsAntitrustLitigation.com/OSS.

