

**In Re: Cathode Ray Tube (CRT) Antitrust Litigation (MDL No. 1917)**

**CLAIM SUPPLEMENT**

**To be used ONLY if You are submitting a Claim Form on behalf of someone else**

**If you are submitting a Claim Form on behalf of someone else, you must submit (1) this completed Claim Supplement, (2) the completed Claim Form signed by the Class Member, and (3) a Written Authorization, signed and dated by the Class Member, authorizing you to submit a Claim Form in this case on behalf of the Class Member.** If you are submitting a claim on behalf of the estate of a deceased Class Member, this form must be accompanied by a death certificate and an **Affidavit of Entitlement** - available at [www.CRTclaims.com/affidavit](http://www.CRTclaims.com/affidavit) or from the Settlement Administrator. If you are an attorney or a claims submission company, you must submit a Claim Supplement and a Written Authorization with each Claim Form that you submit on behalf of a Class Member.

Your First Name  Your Last Name  Suffix

Your Entity/Business Name

Person to contact if there are questions regarding this claim:

Specify one of the following - You are:

Attorney  Relative of Class Member  Claims Submissions Company  Other: \_\_\_\_\_

Your Mailing Address: Number and Street or P.O. Box

City  State  Zip Code

Telephone Number (Day)  Email Address

Your Complete Federal Taxpayer Identification Number:

Name of Class Member who has authorized you to submit a Claim Form in this case:

**SIGN AND DATE CLAIM SUPPLEMENT**

I declare under penalty of perjury under the laws of the United States of America, that the information provided in this Claim Supplement is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Person Submitting Claim Supplement

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Did you attach the Class Member's Written Authorization (or required estate documents as listed above)?**

**Claim Supplement will not be accepted unless (1) you include a Written Authorization, signed and dated by the Class Member, authorizing you to submit a Claim Form in this case on behalf of the Class Member, (2) the completed Claim Form signed by the Class Member, and (3) this signed Claim Supplement.**