

CANADA
 PROVINCE OF BRITISH COLUMBIA
 In re: Silicone Gel Breast Implants
 Products Liability Class Action
 Litigation in British Columbia

HELEN HARRINGTON Representative Plaintiff, v. DOW CORNING CORPORATION, DOW CORNING CANADA, INC., THE DOW CHEMICAL COMPANY, DOW CORNING-WRIGHT CORPORATION, <u>et al.</u> Defendants.

PROVINCE OF BRITISH COLUMBIA
 Supreme Court
 No: C95 4330 Vancouver Registry
 Proceeding under the Class Proceedings
 Act, 1995

AFFIDAVIT OF UNREPRESENTED SETTLEMENT CLASS MEMBER

(To be submitted to the Claims Administrator simultaneously with the submission of the Claim Form by the Settlement Class Member.)

NOTE: This Form may be completed online at: www.canadianbreastimplantsettlement.com

IDENTIFICATION OF CLAIMANT/SETTLEMENT CLASS MEMBER				
BC Registration Number:	Deloitte File Number:	Date of Birth:		
		Day	Month	Year
Surname:		First Name:		Middle Name:

I, _____ of the City of _____, in the
 Province/Territory/State of _____, make oath and say as follows:

- I am a Settlement Class Member (or their representative) in the above-named action, and have agreed to participate in the Dow Corning / British Columbia and Other Provinces Breast Implant Litigation Settlement Agreement (the "Agreement") involving these Defendants.
- I have received a copy and/or I understand the terms of the Dow Corning / British Columbia and Other Provinces Breast Implant Litigation Settlement Agreement.
- I have had the opportunity to obtain legal advice, but I have declined to do so.
- If I am asserting a Current Claim or an Ongoing Claim, I have executed the Authorization of Release of Medical Records in the Claim Form to enable the Claims Administrator, should he/she determine that it is necessary, to review the relevant medical records to confirm the identity (ies) of the manufacturer(s) of my breast implant(s); to obtain information regarding (all) my breast implant surgery (ies); to obtain information regarding any and all injuries, illnesses and other medical problems allegedly related to my breast implant(s); and to obtain information regarding any and all injuries, illnesses and other medical problems that predated the implantation of my breast implant(s).

IDENTIFICATION OF CLAIMANT/SETTLEMENT CLASS MEMBER:		
BC Registration Number:	Surname:	First Name:

5. I make this Affidavit and execute the Authorization of Release of Medical Records in order to provide the Claims Administrator of the Dow Corning / British Columbia and Other Provinces Breast Implant Litigation Settlement Agreement with a complete record to enable him/her to properly review my claim and calculate the compensation, if any, to which I may be entitled under the Agreement.
6. All the information contained in, or submitted with, my Registration/Opt-In Form, Claim Form and/or Ongoing Claim Form is true and complete to the best of my knowledge and belief.

Settlement Class Member (or Representative):		
Please type of print name	Surname:	First Name:

SWORN BEFORE ME

At the City of _____,

In the Province of _____

This _____ day of _____, 200__

_____ A Commissioner, etc.