

REGISTRATION/OPT-IN FORM

**DOW CORNING / BRITISH COLUMBIA AND OTHER PROVINCES
BREAST IMPLANT LITIGATION SETTLEMENT**

You must complete all pages of this Registration/Opt-In Form. Attach additional pages if space is insufficient.
Please type or print legibly in ink.

**THE INFORMATION PROVIDED IN THIS FORM WILL REMAIN CONFIDENTIAL
EXCEPT AS PROVIDED IN THE DOW CORNING / BRITISH COLUMBIA AND OTHER PROVINCES BREAST
IMPLANT LITIGATION SETTLEMENT.**

The Registration/Opt-In Form must be completed, signed and sent to the Claims Administrator of the Dow Corning / British Columbia and Other Provinces Breast Implant Litigation Settlement, postmarked no later than **December 1, 2004**. If you fail to do so, you will be barred completely and forever from receiving compensation pursuant to the Agreement.

Please mail this form to:

Claims Administrator
Dow Corning / British Columbia and Other Provinces Breast Implant Litigation Settlement
c/o Deloitte & Touche LLP, P.O. Box 48660, Vancouver, B.C. Canada V7X 1A3

If you fail to complete, sign and send this Registration/Opt-In Form to the Claims Administrator, postmarked on or before the December 1, 2004 (“the Registration Deadline”) you will be barred completely and forever from receiving compensation pursuant to the Agreement.

IDENTIFICATION OF CLAIMANT REGISTERING TO JOIN THE SETTLEMENT

NAME of CLAIMANT

Last Name:	First Name:	Middle Name:	
Any Other Last Names You Have Used:	Date of Birth		
	Day:	Month:	Year:

CURRENT ADDRESS (please note all changes of address must be provided to the Claims Facility in writing)

Street address or PO Box:			
City:		Province or State:	Postal Code or Zip Code:
TELEPHONE NUMBER	Area Code:	Number:	EMAIL ADDRESS:

**PLEASE CHECK THE RESPONSES THAT APPLY AND PROVIDE ALL ADDITIONAL
INFORMATION WHERE REQUESTED.**

IDENTIFICATION OF CLAIMANT REGISTERING TO JOIN THE SETTLEMENT

Surname:	First Name:
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ITEM 1: YOUR LAWYER, IF YOU HAVE ONE:

Surname:		First Name:			
Law Firm Name:					
Lawyer's Address		Street address or PO Box:			
City:		Province/Territory/State:		Postal/Zip Code:	
Telephone Number	Area Code:	Number:	Fax Number	Area Code:	Number:
Email address:					

ITEM 2: DID YOU RESIDE IN BRITISH COLUMBIA ON AUGUST 1, 1998?

YES NO

If no, please indicate the address of your residence on August 1, 1998.

Street address or PO Box:

City:	Province or State:	Country:
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ITEM 3: I AM FILING THIS CLAIM AGAINST DOW CORNING BECAUSE:

I have an injury I believe to be caused by Dow Corning Breast Implant(s), or Dow Corning Breast Implant Raw Materials.

Although I do not currently wish to make a claim under the Agreement, I want to preserve my right to seek payment under the Agreement within the next five (5) years (before the Final Claim Deadline).

ITEM 4: PLEASE INDICATE THE DATE AND PLACE YOUR DOW CORNING BREAST IMPLANT(S) WAS/WERE IMPLANTED AND THE NAME AND/OR MODEL OF YOUR DOW CORNING BREAST IMPLANT(S).

Date			City:	Province/State:	Name and/or Model:
Day:	Month:	Year:			
Date			City:	Province/State:	Name and/or Model:
Day:	Month:	Year:			
Date			City:	Province/State:	Name and/or Model:
Day:	Month:	Year:			

IDENTIFICATION OF CLAIMANT REGISTERING TO JOIN THE SETTLEMENT

Surname:	First Name:
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ITEM 5: PLEASE INDICATE THE DATE AND PLACE THAT ANY BREAST IMPLANT(S), OTHER THAN DOW CORNING BREAST IMPLANT(S) WAS/WERE IMPLANTED AND THE NAME, MODEL AND/OR MANUFACTURER OF THAT/THOSE IMPLANT(S):

Date			City:	Province/State:	Name and/or Model:
Day:	Month:	Year:			
Date			City:	Province/State:	Name and/or Model:
Day:	Month:	Year:			
Date			City:	Province/State:	Name and/or Model:
Day:	Month:	Year:			

ITEM 6: HAVE YOU FILED A PROOF OF CLAIM IN DOW CORNING’S BANKRUPTCY CASE IN THE UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF MICHIGAN, NORTHERN DIVISION (In re Dow Corning Corporation, Debtor, Case No: 95-20512-11-AJS)?

YES NO

If yes, please indicate your personalized Proof of Claim Number here (confirmation number):

ITEM 7: ARE YOU OR WERE YOU A PARTY IN ANY OTHER BREAST IMPLANT LAWSUIT (INCLUDING ANY INDIVIDUAL OR CLASS ACTION LAWSUIT) THAT WAS PREVIOUSLY FILED CONCERNING DOW CORNING BREAST IMPLANT(S) OR DOW CORNING BREAST IMPLANT RAW MATERIALS?

YES NO

If yes, please list the name and address of the court where the law suit was filed.

Court Name:	Street Address:	City:	Province/State:
Court Name:	Street Address:	City:	Province/State:
Court Name:	Street Address:	City:	Province/State:

ITEM 8:

I swear that I have not:

- a) accepted nor agreed to accept compensation from Dow Corning and/or the Released Parties regarding breast implants;
- b) have not released by settlement, judgement, court order or otherwise, Dow Corning and/or the Released Parties regarding breast implants; and
- c) have not had dismissed by court order an action against Dow Corning and/or the Released Parties regarding breast implants.

IDENTIFICATION OF CLAIMANT REGISTERING TO JOIN THE SETTLEMENT

Surname:

First Name:

ITEM 9: IDENTIFICATION OF PERSON SIGNING THIS REGISTRATION/OPT-IN FORM (Check one only).

- a) I am the above-identified breast implant recipient. I am signing this Registration/Opt-In Form to register myself for benefits under the Dow Corning /British Columbia and Other Provinces Breast Implant Litigation Settlement.
- b) I am the above-identified breast implant recipient. I am signing this Registration/Opt-In Form to register myself for benefits under the Dow Corning /British Columbia and Other Provinces Breast Implant Litigation Settlement.
With this Registration/Opt-In Form, I have included a copy of the court order official document appointment me as her representative.

REPRESENTATIVE INFORMATION (this section is to be completed only by the person who checked box 9(b)):

Surname:

First Name:

Middle Name:

Street address or PO Box:

City:

Province/Territory/State:

Postal/Zip Code:

Telephone
Number:

Area Code:

Number:

Email address:

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS REGISTRATION/ OPT-IN FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Date Signed:

_____/_____/_____
Day Month Year

Signature:

If signed by a Personal Representative, complete the Representative information above, and attach a copy of the court order or other document appointing you as the claimant's representative.