

**INSTRUCTIONS FOR SIGNING THE JOINT RELEASE**  
Forming part of Form GEN 21 or HEMO 22  
**The HCV Infected Person died prior to January 1, 1999**

**If any Claimant is a Minor or a Mentally Incompetent Adult Do Not Sign  
Call the Administrator for Special Forms**

The Transfused HCV Plan and the Hemophiliac HCV Plan state that no payments will be made to any Claimant until and each and every individual signs and delivers to the Administrator the enclosed Joint Release.

**No Election - \$50,000 payment to the Estate and Up to \$5,000 for Incurred Uninsured Funeral Expenses:** The Approved HCV Personal Representative must sign the Release. His or her signature does not affect the rights of Approved Family Members to individually claim the pre-set payments and of Dependents to claim loss of support or loss of services payable under the Transfused or Hemophiliac HCV Plans.

**\$72,000 or \$120,000 Election – lump sum payment to Claimants:** All Claimants must sign the Release, even if a Claimant has opted to receive no compensation. The lump sum is paid as directed in the Allocations Chart in full satisfaction of all claims including compensation for loss of support or loss of services for Dependents and the pre-set Family Member payments.

Upon signing the Release and in consideration for participation in either Plan, any and all persons who sign:

- Consent to the dismissal, without costs to any party, of any action or other proceeding in any way relating to or arising from the infection of a deceased Primarily Infected Person with HCV during the Class Period.
- Waive the right to sue any of the Releases named in the Release

Claimants Sign in Front of an Adult Witness

Please read the entire document carefully. All Claimants must be listed in the Allocations Chart and must sign the enclosed Joint Release, where indicated, in front of an adult witness. The witness must also sign where indicated.

All Claimants Sign Even if Some Agreed to Receive No Compensation

In cases where any Claimant has agreed to receive no compensation, their personal information and signature must appear on the Allocations Chart and he/she too is required to sign the Release.

Counterparts

For convenience, the Approved HCV Personal Representative may make one or more copies of the Joint Release, and send such copy to Claimants who will have to sign and date the Joint Release. Claimants must return their original signed copy to the Approved HCV Personal Representative. Such copies are called counterparts. The Approved HCV Personal Representative must file all forms, including original signed counterparts with the Administrator in a single submission.

Return Release with Original Signatures to the Administrator

The Approved HCV Personal Representative is responsible for filing the entire submission and must return the original signed Joint Release (all pages including counterparts) to the Administrator in the enclosed pre-addressed envelope.