



**FVS**

### CLAIM FORM FOR **SUBSEQUENT** REQUEST FOR CASH PAYMENTS FOR SOFTWARE FLASHES

*Vargas v. Ford Motor Company*  
Class Action Settlement

Use this form if you have already submitted at least one Software Flash claim that was approved by the Claims Administrator, and you wish to submit a claim for a subsequent Software Flash.

If you have already submitted at least one Transmission Hardware Replacement claim that was approved by the Claims Administrator, STOP HERE. You are no longer eligible to submit a Software Flash claim.

If you wish, you may submit your claim through the Settlement Website ([www.fordtransmissionsettlement.com](http://www.fordtransmissionsettlement.com)) instead of mailing this form.

PLEASE NOTE: Claims will not be processed, and no cash payments will be issued, until the Settlement has received Final Approval and all appeals from the order approving the Settlement have been resolved or the appeal periods have expired. Please consult the Settlement Website ([www.fordtransmissionsettlement.com](http://www.fordtransmissionsettlement.com)) for updates regarding timing.

Claim ID No. (from postcard notice)

First Name

M.I.

Last Name

Primary Address

Primary Address Continued

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

Email Address (optional)

Area code — Telephone number (home)

Area code — Telephone number (work)

Are you an employee of Ford Motor Company?  Yes  No

Are you an officer or director of a Ford Dealer?  Yes  No

Has Ford Motor Company already repurchased your Class Vehicle?  Yes  No

Have you given Ford a release of your claims based on the PowerShift Transmission in your Class Vehicle?  Yes  No

Please select the form of payment you are requesting:

Prepaid Cash Card OR

Vehicle Discount Certificate

Class Vehicle VIN:



FOR CLAIMS PROCESSING ONLY	OB	<input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
	CB	<input type="text"/>		

Do you still own or lease the Class Vehicle?  Yes  No

If no, on what date did you sell or return the vehicle?  /  /

If yes, current mileage on the Class Vehicle?

Please enter the date of the Service Visit on which the qualifying Software Flash that is the basis for this claim was performed:  /  /

Please select the labor code or labor description for the Software Flash performed on this Service Visit (if more than one Software Flash was performed, you only need to select one labor code or labor description):

<input type="radio"/> 110333A	<input type="radio"/> 110405A	<input type="radio"/> 110513A	<input type="radio"/> 110524A	<input type="radio"/> 110902A
<input type="radio"/> 131102A	<input type="radio"/> 131104A	<input type="radio"/> 131108A	<input type="radio"/> 131109A	<input type="radio"/> 131110A
<input type="radio"/> 150090M	<input type="radio"/> 150090N	<input type="radio"/> 150090P	<input type="radio"/> 150090Q	<input type="radio"/> 150120H
<input type="radio"/> 160109C	<input type="radio"/> 160109D	<input type="radio"/> 160129A	<input type="radio"/> MT131102	<input type="radio"/> R08101
<input type="radio"/> 14M01DD	<input type="radio"/> 14M01E	<input type="radio"/> 14M01EE	<input type="radio"/> 14M01GG	<input type="radio"/> 14M01H
<input type="radio"/> 120104A	<input type="radio"/> 130405A	<input type="radio"/> 130405B	<input type="radio"/> 130405C	<input type="radio"/> 130406A
<input type="radio"/> 130904A	<input type="radio"/> 130904B	<input type="radio"/> 130904C	<input type="radio"/> 140131A	<input type="radio"/> 140131B
<input type="radio"/> 140131C	<input type="radio"/> 140131D	<input type="radio"/> 140131E	<input type="radio"/> 150017A	<input type="radio"/> 150090H
<input type="radio"/> 150090L	<input type="radio"/> 150120L	<input type="radio"/> 150120M	<input type="radio"/> 150120N	<input type="radio"/> 150120P
<input type="radio"/> 150120Q	<input type="radio"/> 160044A	<input type="radio"/> 160109A	<input type="radio"/> 160109B	<input type="radio"/> R08102
<input type="radio"/> R11021	<input type="radio"/> 14M01A	<input type="radio"/> 14M01AA	<input type="radio"/> 14M01BB	<input type="radio"/> 14M01C
<input type="radio"/> 14M01CC	<input type="radio"/> 14M01D	<input type="radio"/> 14M01L	<input type="radio"/> 14M01M	<input type="radio"/> 14M01N
<input type="radio"/> 14M01P	<input type="radio"/> 14M01Q	<input type="radio"/> 14M02B	<input type="radio"/> 14M02C	<input type="radio"/> 14M02D
<input type="radio"/> If none of the above codes are stated on your repair order, please provide a labor description or TSB number (e.g., reprogram, reflash, reburn, or update TCM): <input type="text"/>				

Please attach the service records for this Service Visit.

If you are identified as the person requesting the repair on the service records for this Service Visit, you do not need to attach other proof that you owned the Class Vehicle as of the time of this Service Visit. If you are not identified as the person requesting the repair, you must attach a vehicle registration identifying you as the vehicle owner as of the date of this Service Visit (or as of a later date).

**Affirmation**

I attest to and affirm under penalty of perjury that the information stated above is accurate to the best of my knowledge, that the documentation I have provided to support this claim is authentic, and that I owned or leased the Class Vehicle at the time of each Service Visit and corresponding Software Flash on which this claim is based.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

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

**Please send this completed form, and all supporting documentation, to the address set forth at the top of this form.**

**If the information or documentation you provide is incomplete, your claim may be rejected.**

