



**FVS**

**CLAIM FORM FOR SUBSEQUENT REQUEST FOR CASH PAYMENTS/VEHICLE DISCOUNT  
CERTIFICATES FOR TRANSMISSION HARDWARE REPLACEMENTS**

*Vargas v. Ford Motor Company*  
Class Action Settlement

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)

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

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 consult the Settlement Website ([www.fordtransmissionsettlement.com](http://www.fordtransmissionsettlement.com)) for updates regarding timing.**

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"/>	CB <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
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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?

Have you already received one or more awards for a Software Flash claim?  Yes  No

If yes, how many?

Please enter the date of the Service Visit on which the qualifying Transmission Hardware Replacement that is the basis of this claim was performed:  /  /

Please select the Transmission Hardware part that was replaced on this Service Visit (if more than one of these parts was replaced, you only need to select one part number):

- 7B546 Disc Asy-Clutch
- 7000 Transmission Asy-Aut
- 6K301 Seal/RetC/Shft Oil
- 7515 Lever Asy-Clutch Rel
- 7Z369 Control Mod Trans (TCM)
- 7C604 Motor-Frt Clutch
- 7060 Shaft/Bshg Asy-Out
- 7052 Oil Seal-Trans Rear
- 7A508 Rod-CI/Slave Cyl Pus
- 7048 Seal-Input Shaft Oil

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 Transmission Hardware Replacement 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.**

