FVS



CLAIM FORM FOR FIRST REQUEST FOR CASH PAYMENTS FOR SOFTWARE FLASHES

Vargas v. Ford Motor Company Class Action Settlement

f you have already submitted at least one Transmission Hardware Replacement claim that was approved by the Claims Administrator, S' HERE. You are no longer eligible to submit a Software Flash claim. Claim ID No. (from postcard notice)													<u>]</u>	Back	<u>grou</u>	ind I	<u>nfor</u>	mat	<u>ion</u>											
Claim ID No. (from postcard notice)	-				•												acem	ent	clain	ı tha	t was	s app	rove	d by	the	Claiı	ms A	Admi	nistra	itor, S
Primary Address Primary Address Continued Dity 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 to submit YOUR FIRST CLAIM under the Vargas Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 10333A	HERI	E. Y	ou a	re no	o lon	ger e	eligib	ole to	sub	mit a	Sof	tware	: Fla	ısh cl	aim.															
Primary Address Primary Address Continued Dity 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 to submit YOUR FIRST CLAIM under the Vargas Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 10333A																														
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 to submit YOUR FIRST CLAIM under the Vargas Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 10333A	Claim	ID N	Vo. (from	nos	tcard	l noti	ice)	J																					
Primary Address Primary Address Continued City State Zip Code Foreign Province Foreign Postal Code Foreign Country Name/Abbreviation Email Address (optional) State State Zip Code Telephone number (home) Area code Telephone number (work) Use this form to submit YOUR FIRST CLAIM under the Vargas Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A	J.G				, p = 0			,					l		1			1												
Primary Address Primary Address Continued City State Zip Code Foreign Province Foreign Postal Code Foreign Country Name/Abbreviation Email Address (optional) State State Zip Code Telephone number (home) Area code Telephone number (work) Use this form to submit YOUR FIRST CLAIM under the Vargas Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A																														
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 to submit YOUR FIRST CLAIM under the Vargas Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A	First N	Nam	е											M.I.		Last	Nan	ne												
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 to submit YOUR FIRST CLAIM under the Vargas Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A										T						T													T	
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 to submit YOUR FIRST CLAIM under the Vargas Settlement for eash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A	Drima	rv Δ	ddra	cc											<u> </u>												<u> </u>			
State Zip Code	IIIIIa	ıı y 🗥	uuie	33	1	1																				1				
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 to submit YOUR FIRST CLAIM under the Vargas Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A	Prima	ry A	ddre	ss C	ontir	nued																								
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 to submit YOUR FIRST CLAIM under the Vargas Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A										Τ-						Т]			1			Т	Т	
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 to submit YOUR FIRST CLAIM under the Vargas Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A):h.																						Ctat			7: (C = d =			
Email Address (optional) Area code Telephone number (home) Area code Telephone number (work) Use this form to submit YOUR FIRST CLAIM under the Vargas Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A	اار				1		,						. –										Siai	е	,	Zip (Jode	,		
Email Address (optional) Area code Telephone number (home) Area code Telephone number (work) Use this form to submit YOUR FIRST CLAIM under the Vargas Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A																														
Area code Telephone number (home) Area code Telephone number (home) Area code Telephone number (work) Use this form to submit YOUR FIRST CLAIM under the Vargas Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A	oreiç	gn P	rovir	ice									F	oreig	n Po	stal (Code	;				Fore	eign (Cour	ntry N	lame	:/Abk	revia	ation	
Area code Telephone number (home) Area code Telephone number (home) Area code Telephone number (work) Use this form to submit YOUR FIRST CLAIM under the Vargas Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A										$\overline{}$				Т		Т												Т	$\overline{}$	
Area code Telephone number (home) Area code Telephone number (home) Area code Telephone number (work) Use this form to submit YOUR FIRST CLAIM under the Vargas Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A						1\			<u>L</u>						<u> </u>												<u> </u>	<u></u>		
Use this form to submit YOUR FIRST CLAIM under the \(\begin{align*} Vargas \) Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A	-maii	Add	iress	(opi	tiona	11)		_											_				_					_		
Use this form to submit YOUR FIRST CLAIM under the \(\begin{align*} Vargas \) Settlement for cash payments for repeated Software Flashes, which means east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A				_				_											_				_							
east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A	Area (code			Tele	phon	e nu	_ mbe	r (ho	me)			1			Area	a cod	le	J	Tele	phon	e nu	ı mbe	r (wo	rk)			J		
east one of the following labor codes or labor descriptions was performed on each of three or more Service Visits: 110333A	Ise th	his fo	orm	to si	ıhmi	t YO	I JR	FIRS	ST C	LAIN	A iin	der tl	ne V	aroas	s Set	tlema	ent fo	or ca	sh na	avme	nts f	or re	neate	ed So	oftwa	re Fl	lashe	es w	hich	mean
131102A 131104A 131108A 131109A 131110A 150090M 150090N 150090P 150090Q 150120H 160109C 160109D 160129A MT131102 R08101 14M01DD 14M01E 14M01EE 14M01GG 14M01H 120104A 130405A 130405B 130405C 130406A 130904A 130904B 130904C 140131A 140131B 140131C 140131D 140131E 150017A 150090H																												, , , , ,		
131102A 131104A 131108A 131109A 131110A 150090M 150090N 150090P 150090Q 150120H 160109C 160109D 160129A MT131102 R08101 14M01DD 14M01E 14M01EE 14M01GG 14M01H 120104A 130405A 130405B 130405C 130406A 130904A 130904B 130904C 140131A 140131B 140131C 140131D 140131E 150017A 150090H			1	1033	3 /				110/	105 A				110	5131				11	0524	Λ			1	10002) A			\neg	
150090M 150090N 150090P 150090Q 150120H 160109C 160109D 160129A MT131102 R08101 14M01DD 14M01E 14M01EE 14M01GG 14M01H 120104A 130405A 130405B 130405C 130406A 130904A 130904B 130904C 140131A 140131B 140131C 140131D 140131E 150017A 150090H			-											+					_					_					_	
160109C 160109D 160129A MT131102 R08101 14M01DD 14M01E 14M01EE 14M01GG 14M01H 120104A 130405A 130405B 130405C 130406A 130904A 130904B 130904C 140131A 140131B 140131C 140131D 140131E 150017A 150090H			_											_										_						
14M01DD 14M01E 14M01EE 14M01GG 14M01H 120104A 130405A 130405B 130405C 130406A 130904A 130904B 130904C 140131A 140131B 140131C 140131D 140131E 150017A 150090H			-											+					_					_						
120104A 130405A 130405B 130405C 130406A 130904A 130904B 130904C 140131A 140131B 140131C 140131D 140131E 150017A 150090H			-											+					_					_						
130904A 130904B 130904C 140131A 140131B 140131C 140131D 140131E 150017A 150090H			_					\dashv						+										_					\dashv	
140131C 140131D 140131E 150017A 150090H			-					\dashv						+					-					_					\dashv	
			_											+					+					_					\dashv	
130120F 130120F 130120F			_											1					+					_					_	
1501200 160044A 160109A 160109B P08102														1					_					_						

R11021	14M01A	14M01AA	14M01BB	14M01C					
14M01CC	14M01D	14M01L	14M01M	14M01N					
14M01P	14M01Q	14M02B	14M02C	14M02D					
	ove codes are stated on eflash, reburn, or update	your repair order, please TCM):	se provide a labor descr	iption or TSB number					
	·		1 1						



If you wish, you may submit your claim through the Settlement Website (www.fordtransmissionsettlement.com) instead of mailing this form. DO NOT USE THIS FORM if you have already submitted at least one Software Flash claim that was approved by the Claims Administrator.

Please consult the Settlement Website (www.fordtransmissionsettlement.com) for updates regarding timing.

Are you an	employe	e of Fo	ord M	lotor	Co	ompar	ıy?	0,	Yes	\bigcirc	No																
Are you an	officer o	r direct	or of	a Fo	ord	Deale	er?	\bigcirc	'es	\bigcirc	No																
Has Ford M	otor Co	npany	alrea	dy re	epu	ırchas	ed yo	our C	lass V	/ehi	cle?	\subset) Yes	s () No)											
Have you si	gned an	d returr	ned to	o For	rd a	a relea	ise of	clair	ns ba	sed	on th	ne Po	wers	Shift	Tran	smis	sion	in	you	ır Cl	ass	Vehi	icle?)	○ Y	'es	○ No
Class Vehic	le VIN:																										
Date you pu	ırchased	or leas	ed yo	our C	Clas	ss Veh	icle:				/			/													
Do you still	own or	lease th	ne Cl	ass V	/eh	icle?	\subset) Yes	\subset) No																	
Ifr	no, on w	hat date	e did	you	sel	ll or re	eturn	the v	ehicl	e?			/			/											
Ify	es, curr	ent mil	eage	on tl	he	Class	Vehi	cle?																			
										S	Softw	vare	Flas	hes													
Please enter a qualifying							on v	hich				/			/												
Please selec	t the lab	or code	e or l	abor	de	scripti	ions	for th	e Sof	twa	re Fla	ash p	erfo	rmed	on t	his S	ervi	ce	Visi	t (if	moi	re th	an o	ne	Softv	vare	Flash was
performed,	you only	need t	o sel	ect o	ne	labor	code	:):																			
	<u> </u>	333A			\subset	1104	105A				1105	513A				110	524	A) 11	0902	2A			
	O 131	102A			\subset	1311	04A			0	131	108A			C	131	109	A				13	1110	0A			
	O 150	090M			\subset	1500)90N			0	1500	090P)		C	150	090	Q				15	0120	0H			
	<u> </u>	109C			\subset	1601	09D			0	160	129A	1		C	МТ	131	102	2			R	810	1			
	<u> </u>	И01DD)		\subset) 14M	01E			0	14M	101E	Е		C) 14N	И010	GC	ř			14	M01	1H			1
	O 120	104A			\subset	1304	105A			0	1304	405B	}		C	130	405	С				13	0406	6A			
	O 130	904A			\subset	1309	904B			0	1309	904C	2		C	140	131.	A				14	0131	1B			
	<u> </u>	131C			\subset	1401	31D			0	140	131E			C	150	017	A				15	0090	0H			
	O 150	090L			\subset	1501	20L			0	150	120N	1		C	150	120	N				15	0120	0P			
	O 150	120Q			\subset	1600)44A	-		0	160	109A	1		C	160	109	В				R	0810	2			
	OR11	.021			\subset) 14M	01A			0	14M	[01A	A		C) 14N	И01І	ВВ				14	M01	1C			
	<u> </u>	иотсс			\subset) 14M	01D			0	14N	101L			C) 14N	И011	M				14	M01	1N			
	<u> </u>	Л01Р			\subset) 14M	01Q			0	14M	102B			C) 14N	И020	С				14	M02	2D			
		none o										air o	order	, plea	ise p	rovi	de a	la	bor	desc	ript	ion	or T	SB	num	ber	
		5., repr	ogra	.111, 1	0116	.511, 10	Julil	, or u	Paare	, 10									\top								
		'	1		1		1				I .	I	I	1				1						1	- 1	- 1	

Please attach the service records for this Service Visit.



	the date of the second S lifying Software Flash w		//											
	the labor code or labor you only need to select o		ftware Flash performed o	on this Service Visit (if r	nore than one Software I	Ilash was								
periorinea, y	-		01105124	O 1105244	O 110002 A									
	110333A	110405A	O 110513A	110524A	110902A									
	O 131102A	131104A	131108A	O 131109A	O 131110A									
-	150090M	150090N	150090P	150090Q	150120H									
	160109C	160109D	160129A	MT131102	O R08101									
-	14M01DD	<u>14M01E</u>	14M01EE	14M01GG	O 14M01H									
_	O 120104A	O 130405A	130405B	130405C	O 130406A									
	130904A	130904B	130904C	O 140131A	O 140131B									
-	O 140131C	O 140131D	140131E	O 150017A	○ 150090H									
_	O 150090L	O 150120L	O 150120M	O 150120N	O 150120P									
	O 150120Q	O 160044A	○ 160109A	○ 160109B	OR08102									
	OR11021	O 14M01A	○ 14M01AA	○ 14M01BB	○ 14M01C									
	○ 14M01CC	14M01D	○ 14M01L	○ 14M01M	○ 14M01N									
	O 14M01P	○ 14M01Q	○ 14M02B	○ 14M02C	○ 14M02D									
			your repair order, please provide a labor description or TSB number a TCM):											
	(e.g., reprogram, re	eflash, reburn, or update	e ICM):											
	the date of the third Ser													
	lifying Software Flash w		/											
			tware Flash performed of	on this Service Visit (if r	nore than one Software I	lash was								
performed, y	you only need to select o		T											
	110333A	110405A	110513A	O 110524A	110902A									
-	O 131102A	O 131104A	O 131108A	O 131109A	O 131110A									
	O 150090M	O 150090N	150090P	○ 150090Q	○ 150120H									
	○ 160109C	O 160109D	○ 160129A	OMT131102	OR08101									
	○ 14M01DD	○ 14M01E	○ 14M01EE	○ 14M01GG	○ 14M01H									
	O 120104A	O 130405A	○ 130405B	○ 130405C	○ 130406A									
	O 130904A	○ 130904B	○ 130904C	O 140131A	O 140131B									
	O 140131C	O 140131D	○ 140131E	O 150017A	○150090H									
	○ 150090L	○ 150120L	○ 150120M	○ 150120N	O 150120P									
	○ 150120Q	O 160044A	○ 160109A	○160109B	OR08102									
	OR11021	14M01A	○ 14M01AA	○ 14M01BB	○ 14M01C									



○ 14M01CC

14M01P

O 14M01D

0 14M01Q

O 14M01L

O 14M02B

O 14M01M

O 14M02C

O 14M01N

O 14M02D

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):
Please attach the service records for this Service Visit.
Have additional Software Flashes been performed on your Class Vehicle for which you would like to submit a claim at this time? O Yes
If yes, please print out an "Additional Software Flash Claim Form" from the Settlement Website for each additional claim, fill out the requested information, attach the requested documents, and send all of your claim forms and documentation to the address identified below and at the top of this form.
Proof of Vehicle Ownership At Time of Service Visits
Do all the service records you submitted in support of this claim identify you as the person requesting the repairs?
If you answered "yes," you do not need to submit any additional evidence that you owned the Class Vehicle at the time of the Service Visits for which you seek reimbursement.
If you answered "no," you must attach one of the following sets of documents to establish that you owned or leased the vehicle at the time of the Service Visits on which your claim is based:
(1) (a) a vehicle title, vehicle purchase agreement, or vehicle lease agreement that identifies you as the vehicle owner, purchaser, or lessee at the time of the earliest Service Visit on which your claim is based, AND (b) vehicle registration identifying you as the vehicle owner as of the date of the latest Service Visit on which your claim is based (or as of a later date); OR
(2) for each Service Visit on which you base your claim, either (a) a repair record that identifies you as the person who requested the repair, OR (b) a vehicle registration that identifies you as the vehicle owner as of the date of each Service Visit on which your claim is based.
Please attach documents that prove that you owned or leased the vehicle at the time of the Service Visits on which your claims are based, unless all of the service records you submitted in support of this claim identify you as the person requesting the repairs.
<u>Affirmation</u>
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:

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.



Print Name: