Ford Transmission Settlement
P.O. Box 8060
San Rafael, CA 94912-8060

FVS

CLAIM FORM FOR FIRST REQUEST FOR CASH PAYMENTS FOR SOFTWARE FLASHES

Vargas v. Ford Motor Company
Class Action Settlement

Background Information

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.

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 to submit YOUR FIRST CLAIM under the *Vargas* Settlement for cash payments for repeated Software Flashes, which means at least one of the following labor codes or labor descriptions was performed on each of three or more Service Visits:

110333A	110405A	110513A	110524A	110902A
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
150090L	150120L	150120M	150120N	150120P
150120Q	160044A	160109A	160109B	R08102
R11021	14M01A	14M01AA	14M01BB	14M01C
14M01CC	14M01D	14M01L	14M01M	14M01N
14M01P	14M01Q	14M02B	14M02C	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):

FOR CLAIMS PROCESSING ONLY   OB ☐ ☐   CB ☐ ☐   ○ DOC ○ LC ○ REV   ○ RED ○ A ○ B

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 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 signed and returned to Ford a release of claims based on the PowerShift Transmission in your Class Vehicle? ○ Yes ○ No

Class Vehicle VIN: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date you purchased or leased your Class Vehicle: ☐☐ / ☐☐ / ☐☐☐☐

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? ☐☐☐☐☐

Software Flashes

Please enter the date of the first Service Visit on which a qualifying Software Flash was performed: ☐☐ / ☐☐ / ☐☐☐☐

Please select the labor code or labor descriptions 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):

○ 110333A	○ 110405A	○ 110513A	○ 110524A	○ 110902A
○ 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
○ 150090L	○ 150120L	○ 150120M	○ 150120N	○ 150120P
○ 150120Q	○ 160044A	○ 160109A	○ 160109B	○ R08102
○ R11021	○ 14M01A	○ 14M01AA	○ 14M01BB	○ 14M01C
○ 14M01CC	○ 14M01D	○ 14M01L	○ 14M01M	○ 14M01N
○ 14M01P	○ 14M01Q	○ 14M02B	○ 14M02C	○ 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):				
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Please attach the service records for this Service Visit.

Please enter the date of the second Service Visit on which a qualifying Software Flash was performed: ☐☐ / ☐☐ / ☐☐☐☐

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

○ 110333A	○ 110405A	○ 110513A	○ 110524A	○ 110902A
○ 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
○ 150090L	○ 150120L	○ 150120M	○ 150120N	○ 150120P
○ 150120Q	○ 160044A	○ 160109A	○ 160109B	○ R08102
○ R11021	○ 14M01A	○ 14M01AA	○ 14M01BB	○ 14M01C
○ 14M01CC	○ 14M01D	○ 14M01L	○ 14M01M	○ 14M01N
○ 14M01P	○ 14M01Q	○ 14M02B	○ 14M02C	○ 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):

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Please attach the service records for this Service Visit.

Please enter the date of the third Service Visit on which a qualifying Software Flash was performed: ☐☐ / ☐☐ / ☐☐☐☐

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

○ 110333A	○ 110405A	○ 110513A	○ 110524A	○ 110902A
○ 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
○ 150090L	○ 150120L	○ 150120M	○ 150120N	○ 150120P
○ 150120Q	○ 160044A	○ 160109A	○ 160109B	○ R08102
○ R11021	○ 14M01A	○ 14M01AA	○ 14M01BB	○ 14M01C
○ 14M01CC	○ 14M01D	○ 14M01L	○ 14M01M	○ 14M01N
○ 14M01P	○ 14M01Q	○ 14M02B	○ 14M02C	○ 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? ○ Yes ○ No

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? ○ Yes ○ No

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.

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.