

Claim Form

Class Counsel for Allen, et al v. Honeywell Retirement Earnings Plan, et al.

HRE

**Must be Postmarked
No Later Than
January 28, 2008**

**P.O. Box 9223
Dublin, OH 43017-4623
Toll-Free: 1 (800) 918-4294**



Claim Number:

Control Number:

REQUIRED ADDRESS INFORMATION OR CORRECTIONS

If the pre-printed address to the left is incorrect or out of date, **OR** if there is no preprinted data to the left, **YOU MUST** provide your current name and address here:

Name:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip:	<input type="text"/>

I. GENERAL INSTRUCTIONS

1. If the Court approves the Partial Settlement, you may be eligible for the payment of additional retirement benefits under the Retirement Plan if you are an eligible member of the Settlement Class described in the Notice included with this Claim Form.¹
2. In order to recover any settlement benefits that you may be entitled to as a member of the Settlement Class in this case, you must complete this Claim Form and sign it on page 6.
3. You must mail your completed and signed Claim Form postmarked on or before January 28, 2008, to the address as follows:

Class Counsel for Allen, et al v. Honeywell Retirement Earnings Plan, et al.
P.O. Box 9223
Dublin, OH 43017-4623

4. Failure to sign and mail this Claim Form within 60 days, which is on or before January 28, 2008, will subject your claim to rejection and prevent you from receiving any benefits in connection with the Partial Settlement of this litigation.
5. Regardless of whether you timely and properly submit a Claim Form, you are still bound by the terms of any judgment entered in this Litigation and by operation of the Partial Settlement if approved by the Court, you will be bound by the Release of claims that is approved by the Court.
6. If you are NOT a Participant or the Beneficiary or the executor or administrator of the estate of a deceased Participant or Beneficiary or the qualified estate representative of a deceased Participant or Beneficiary (as defined in the Class Notice), DO NOT submit a Claim Form. Only one Claim Form may be submitted on behalf of each Participant or Beneficiary if the Participant is deceased.

¹ This Claim Form incorporates by reference the definitions in the Agreement and the Class Notice, and all capitalized terms herein shall have the same meanings as set forth in the Agreement and Class Notice.



I. GENERAL INSTRUCTIONS (CONTINUED)

7. If you have questions about this Claim Form and the steps you must take to collect your Partial Settlement benefits, please call the following toll-free number: 1 (800) 918-4294. You may also contact Class Counsel by writing to them at the following address:

Martin & Bonnett, P.L.L.C.
3300 N. Central Ave., Suite 1720
Phoenix, AZ 85012

II. GENERAL INFORMATION

1. **CIRCLE** the category that applies to you. If a category applies to you and a family member such as your spouse or child, each person must submit a separate Claim Form. If more than one category applies to you, you must submit a separate Claim Form for each category.

- (a). I participated in the Garrett Retirement Plan and the Garrett Severance Plan before January 1, 1984 and I earned a vested right to a pension benefit from the Signal Retirement Plan.

If this category applies to you, you are referred to as a "Former Garrett Employee".

PLEASE COMPLETE SECTION II.2.(a) BELOW.

- (b). I am receiving survivor benefits as the beneficiary of a person described in (a) above under a qualified joint and survivor annuity option, a contingent annuity option, a period certain and life annuity option or a level income annuity option, or I am the surviving spouse of a person described in (a) above who is receiving or entitled to receive a pre-retirement survivor annuity.

If this category applies to you, the person described in (a) above is referred to as a "Former Garrett Employee" and you are referred to as a "Beneficiary".

PLEASE COMPLETE SECTION II.2.(b) BELOW.

- (c). I am the executor or administrator of the estate, or the qualified personal representative, of a person described in (a) above who died after June 30, 2002 without a surviving beneficiary or spouse.

If this category applies to you, the person described in (a) above is referred to as a "Former Garrett Employee".

PLEASE COMPLETE SECTION II.2.(c) BELOW.

- (d). I am the executor or administrator of the estate, or the qualified personal representative, of a person described in (b) above who died after June 30, 2002.

If this category applies to you, the person described in (b) above is referred to as a "Beneficiary".

PLEASE COMPLETE SECTION II.2.(c) BELOW.



II. GENERAL INFORMATION (CONTINUED)

2. Please provide the following information

(a). COMPLETE THIS SECTION ONLY IF YOU ARE A FORMER GARRETT EMPLOYEE AS DEFINED ON PAGE 2 OF THIS CLAIM FORM:

Name: _____

Date of Birth: _____

Mailing Address: _____

Telephone number: (____) _____

Email Address: _____

Social Security Number: _____

Name of your current Spouse: _____

Date of Birth of your current Spouse: _____

Did you or do you have a Qualified Domestic Relations Order ("QDRO") that applies to your vested pension benefit (affecting those people who are divorced or separated only)?

If yes, please provide the following information for your alternate payee under the QDRO:

Name: _____

Date of Birth: _____

Mailing Address: _____

Telephone number: (____) _____

Email Address: _____

Social Security Number: _____

Date of QDRO: _____

Any other names used by the alternate payee: _____

GO TO PART III. TIMING OF PAYMENT.



II. GENERAL INFORMATION (b). (CONTINUED)

(b). COMPLETE THIS SECTION ONLY IF YOU ARE A BENEFICIARY OR SURVIVING SPOUSE OF A FORMER GARRETT EMPLOYEE AS DEFINED ABOVE:

Your Name: _____

Your Date of Birth: _____

Your Mailing Address: _____

Your Telephone Number: () _____

Your Email Address: _____

Your Social Security Number: _____

Name of Former Garrett Corporation Employee: _____

Your Relationship to Former Garrett Corporation Employee: _____

Date of Birth of Former Garrett Corporation Employee: _____

Date of Death of Former Garrett Corporation Employee: _____

Last Known Address of Former Garrett Corporation Employee: _____

Social Security Number of Former Garrett Corporation Employee: _____

GO TO PART III. TIMING OF PAYMENT

(c). COMPLETE THIS SECTION ONLY IF YOU ARE AN EXECUTOR OR ADMINISTRATOR OF THE ESTATE, OR THE QUALIFIED PERSONAL REPRESENTATIVE OF A FORMER GARRETT EMPLOYEE OR BENEFICIARY*:

Your Name: _____

Your Date of Birth: _____

Your Mailing Address: _____

Your Telephone Number: () _____

Your Email Address: _____

Your Social Security Number: _____

* You must be the executor or administrator of the estate, or the qualified personal representative, of a Participant who died without a Beneficiary after June 30, 2002, or of a Beneficiary who died after June 30, 2002 where the Participant predeceased the Beneficiary. If you are the executor or administrator of the estate, you must provide a copy of the death certificate and the deceased's will, letters testamentary or letters of administration. If you are the qualified personal representative of such a Participant or Beneficiary, you must provide a copy of the deceased's death certificate and you may be asked to provide other documentation before Partial Settlement benefits can be paid to you.



II. GENERAL INFORMATION (c). (CONTINUED)

Name of Former Garrett Corporation Employee or Beneficiary: _____

Relationship to Former Garrett Corporation Employee or Beneficiary: _____

Date of Birth of Former Garrett Corporation Employee or Beneficiary: _____

Last Known Address of Former Garrett Corporation Employee or Beneficiary: _____

State of Residence of Former Garrett Corporation Employee or Beneficiary: _____

Social Security Number of Former Garrett Corporation Employee or Beneficiary: _____

Date of Death of Former Garrett Corporation Employee or Beneficiary: _____

Were you appointed executor, administrator or personal representative by a court? (Check One)

_____ YES

_____ NO

If YES, enter the date you were appointed, the name of the Court, the location of the Court and the Case Number, and provide a copy of the Court order appointing you executor or administrator of the estate or personal representative:

If NO, please explain below why you believe you have a right to serve as executor or administrator of the estate or personal representative, and enclose appropriate documentation (for example, copy of will, letters testamentary or letters of administration). Please note that if the person with respect to whom you are claiming an entitlement died before July 1, 2002, no Partial Settlement benefits are provided under the Agreement:

GO TO PART III. TIMING OF PAYMENT.

III. TIMING OF PAYMENT

As explained in the Notice, if the Agreement is approved, you may be entitled to additional benefit payments either in a lump sum or added to your benefits in the future. No payments under the Partial Settlement can begin until the Agreement is approved and has become final as provided under the Agreement (meaning all appeal rights have been exhausted or expired) and following that time, a period of approximately 90-120 days has elapsed in order to permit sufficient time to do the administrative work necessary to process all of the Claim Forms and make the adjustments and benefit payments due under the Agreement.

We understand that you may want to know how much money you may be entitled to receive under the Partial Settlement; however, please understand that because the amount of benefits each person may be entitled to receive depends in part on how many eligible persons return Claim Forms, we cannot determine benefit amounts until all Claim Forms have been submitted and until final approval of the Agreement has been obtained.

Thank you for your patience.



IV. REQUIRED DECLARATION AND SIGNATURE

I submit this Claim Form under the terms of the Partial Settlement and Agreement described in the Notice.

* * * *

I declare under penalty of perjury under the laws of the United States of America that the foregoing information in this Claim Form is true and correct and that this Claim Form is being signed today, which is _____, 200__.

Signature of Claimant

Type or print name here

Capacity of person signing (i.e., Former Garrett Employee, Beneficiary, Executor, Administrator, Qualified Personal Representative)

Reminder Checklist

1. Be sure you sign this Claim Form on page 6.
2. Mail this Claim Form with the required postage on or before January 28, 2008 to:

Class Counsel for Allen, et al v. Honeywell Retirement Earnings Plan, et al.
P.O. Box 9223
Dublin, OH 43017-4623.
3. If you are the executor or administrator of an estate or a personal representative, please be sure to enclose the documents required in Section II.2.(c).
4. Keep a copy of your Claim Form for your records.
5. If you desire an acknowledgement of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.
6. If you move, or if this Claim Form was sent to you at an old or otherwise incorrect address, please separately send your new address to:

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