

EXHIBIT

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S F D C T

SETTLEMENT FACILITY
DOW CORNING TRUST

P.O. Box 52429
Houston, Texas 77052

Telephone 713.874.6099
866.874.6099

DO NOT CASH THE CHECK UNTIL YOU HAVE READ THIS LETTER

[Date]



SID: [SID Number]

[CLAIMANT / LEGAL REPRESENTATIVE]
[STREET ADD 1
STREET ADD 2
CITY, STATE, ZIP
REGION
COUNTRY]

Re: Cash-Out Payment Offer for: [Claimant Name]

Dear Class 7 Silicone Gel Claimant:

Annex A Section 6.04(h)(iii) and (iv) states, that no distributions for Disease Claims will be made from the Silicone Material Claimants' Fund until each timely Claim is reviewed and evaluated under the Settlement Option selected and the one-year deadline to cure deficiencies, if any, has expired. After evaluating all Silicone Material Claimants, the Claims Administrator shall determine the amount that can be allowed for each Claim based on the settlement option approved and the number of eligible claimants.

The Settlement Facility received in excess of 54,000 claims in Class 7. In order to comply with the above referenced obligations a payment audit was done of the Class 7 process to ensure all claimants eligible received a review. As a result, your claim was found to be eligible for a disease review. As an alternative to waiting for a full review, the Settlement Facility is offering you a payment now - called a "Disease Cash-Out Payment" - in the amount of \$3,000.00. This offer is being made even though we have not reviewed the merits of your disease claim.

You will receive a check for \$3,000.00 that you must cash before 90 days from the date listed on this letter. Failure to cash or timely return the check is considered acceptance of the offer and you will not be eligible for a disease review. If you cash or fail to return the \$3,000.00 check, then you are agreeing to fully settle your claim in Class 7, and this will be your only payment. Your check must be returned within 90 days of the date on the letter.

To reject the Disease Cash-Out Payment, you must return the check to the SF-DCT within 90 days from the date listed on this letter. For claimants who reject the Disease Cash-Out Payment, the Settlement Facility will review your disease claim, and we will notify you whether your disease claim is approved or deficient. The offer of a Disease Cash-Out Payment is not a guarantee that your disease claim will be approved or that you will receive any disease compensation after a full review is completed.

IMPORTANT: If the SF-DCT previously sent you a \$3,000.00 Disease Cash Out Payment and you returned the check to us after 90 days from the date of the first letter, the above does not apply to you and you are not eligible to have your Disease claim evaluated. If you disagree, you may return the enclosed check with an appeal to the Claims Administrator detailing why you believe you are eligible for a complete Disease evaluation.

For questions or assistance, contact Claims Assistance at 866-874-6099.

Sincerely,

Payment Department
Settlement Facility-Dow Corning Trust

CC: name2

PT-OL-9082

For assistance or questions call the Claims Assistance Program at 1.866.874.6099 (not free), through electronic mail at info@sf-dct.com, or go to www.dowsettlement.com on the internet.