Claim Form Instructions:
Read over the Class Notice. Completely fill out this form and attach all the necessary documents and mail to the address listed on page 2 of this form. Please note the following:

1. Settlement Class Members who previously paid for Brake Pad Replacements during the Warranty Period (as that term is defined in the Settlement Agreement) and prior to receipt of the Notice of Settlement may submit a claim for reimbursement. Honda may reimburse Out-of-Pocket Expenses or a portion of Out-of-Pocket Expenses, based on a schedule, for parts and labor paid for the Brake Pad Replacement. To be eligible for reimbursement, you must provide Proof of Payment and submit a valid Claim Form no later than 30 days after the Effective Date of the Settlement.

2. Settlement Class Members who have a future Brake Pad Replacement during the Warranty Period (as that term is defined in the Settlement Agreement) may also submit a claim for reimbursement. Honda may reimburse Out-of-Pocket Expenses or a portion of Out-of-Pocket Expenses, based on a schedule, for parts and labor paid for the Brake Pad Replacement, provided that such replacement was performed by an authorized Honda dealer. To be eligible for reimbursement, you must provide Proof of Payment and submit a valid Claim Form no later than 60 days after the Brake Pad Replacement or March 31, 2015, whichever date is sooner.
1. Did you own or lease a 2006 – 2011 Honda Civic with rear drum brakes?
   ☐ No
   ☐ Yes

2. Did you pay for a Brake Pad Replacement due to premature brake pad wear?
   ☐ No
   ☐ Yes

If you answered "NO" to question 1 OR 2, you are not eligible to submit a claim.
If you answered “Yes” to both questions 1 AND 2, complete the following:

Year _________________ Model _____________________ Trim____________________

Vehicle Identification Number:

PART TWO – CLAIM INFORMATION

☐ If you are submitting a claim for reimbursement for Brake Pad Replacement, please check the box and provide the following information.

Include an original receipt (or other original supporting documentation) for Brake Pad Replacement. Your documentation must include all items below:
• The date the replacement was made and mileage on the subject brakes at the time of replacement;
• The amount you paid for the brake pad replacement; and
• Information that shows that the brake pads on your vehicle experienced premature wear as described in the Class Notice.

Keep a copy for your records. Documents will NOT be returned.

<table>
<thead>
<tr>
<th>DATE OF BRAKE PAD REPLACEMENT</th>
<th>MILEAGE ON BRAKE PADS AND VEHICLE AT TIME OF REPLACEMENT</th>
<th>AMOUNT YOU PAID FOR BRAKE PAD REPLACEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: __ __ / __ __ / __ __ __</td>
<td>Mileage on Brake Pads: ________________</td>
<td>$ __ __ __ \cdot __ __</td>
</tr>
<tr>
<td>__ __ / __ __ / __ __ __</td>
<td>Mileage on Vehicle: ________________</td>
<td></td>
</tr>
</tbody>
</table>

To make a claim you must submit a Claim Form. For additional information, call 1-888-888-3082 or visit www.brakepadsettlement.com.
Return this claim form to:
Settlement Administrator
P.O. Box 2718
Torrance, CA 90509

PART THREE – CERTIFICATION AND RELEASE OF CLAIM

SIGN AND DATE THE CERTIFICATION BELOW.

I declare under penalty of perjury under the laws of the United States that the information I provided on this form is true and correct.

_________________________________  __ __ / __ __ / __ __ __ __
Signature of Owner/Lessee  Date

_________________________________  __ __ / __ __ / __ __ __ __
Signature of Co-Owner/Co-Lessee  Date

For assistance completing this form or for answers to your questions, you can consult the Notice, call 1-888-888-3082, or go to www.brakepadsettlement.com.