

ORDER FOR SUBMISSION OF CLASS MEMBERSHIP PAPERWORK

This Court Order sets forth the additional information and paperwork necessary for the Claims Administrator to determine whether you qualify for a share of the Engle Trust Fund (“Class Membership Paperwork”). These **Instructions** also describe the procedures **for submission of the Class Membership Paperwork**.

Please review these instructions carefully. Any questions about Class Membership Paperwork please contact: Claims Administrator - 1 (888) 420-1666, or Email EngleTrustFund@gardencitygroup.com.

<p>ALL CLASS MEMBERSHIP PAPERWORK MUST BE POSTMARKED NO LATER THAN AUGUST 1, 2008</p>
--

Class Membership Paperwork Summary

The Court has ruled that all Class Membership Paperwork must be **contemporaneous and verifiable**. In other words, the Class Membership Paperwork you submit must have been created during the relevant time period and it must be possible to independently confirm the information in the documentation.

Documentation shall be limited to essential records only.

1. Documentation establishing your right to act on behalf of the Injured Smoker (this is not required if you are an Injured Smoker filing on your own behalf);
2. Documentation establishing the Injured Smoker’s Florida citizenship / residency requirement;
3. Documentation establishing at least one Qualifying Condition that was diagnosed or first manifested itself on or before November 21, 1996;
4. Documentation establishing that the Injured Smoker had a “history” of smoking prior to November 21, 1996.

Do not call or write the Court, the Trustee or the Clerk of the Court.

If you have an attorney who represents you (or your decedent) with respect to the Engle Trust Fund, please consult your attorney regarding the Class Membership Paperwork Submission Form and the applicable deadline.

Instructions for Completion of Class Membership Paperwork Submission Form

Follow these steps to complete the Class Membership Paperwork Submission Form:

1. **Section I – Documentation Establishing Your Right To Act On Behalf Of The Injured Smoker.**

Do not complete Section I if you are completing the form on your own behalf. If so, please skip Section I and move on to Section II. All others must complete Section I.

Please check all boxes in the chart to indicate the documentation that you are submitting to establish your right to act on behalf of the Injured Smoker.

Please write the number “1” in the upper right-hand corner of each page of the documentation that you are submitting under this section.

2. **Section II – Documentation Establishing Florida Citizenship / Residency.**

Please check all applicable boxes in the chart to indicate the documentation that you are submitting to establish that the Injured Smoker was a citizen or resident of Florida ***prior to November 21, 1996***.

Please write the number “2” in the upper right-hand corner of each page of the documentation that you are submitting under this section.

3. **Section III – Documentation Establishing Qualifying Condition(s) and Smoking History.**

Please check all applicable boxes in the chart to indicate the documentation that you are submitting to establish that the Injured Smoker suffered, or has died from a Qualifying Condition, that was diagnosed or that first manifested itself on or before November 21, 1996, and that the Injured Smoker had a history of smoking ***prior to November 21, 1996***.

Please write the number “3” in the upper right-hand corner of each page of the documentation that you are submitting under this section.

4. **Section IV – Certification.**

Review the information you provided and the certification carefully. You will sign the form on the appropriate line under penalty of perjury. **The signature of the Injured Smoker, or all of the Survivors of the Injured Smoker, is required even if an attorney completed the forms on your behalf. Use additional signature pages, if necessary.**

5. **Submission of Form and Class Membership Paperwork.**

Mail the completed Class Membership Paperwork Submission Form and all documentation ***on or before August 1, 2008*** to:

Engle Trust Fund

c/o The Garden City Group, Inc.

P.O. Box 013241

Miami, FL 33101

Email: **EngleTrustFund@gardencitygroup.com**

Phone: **1 (888) 420-1666**

If you are not represented by an attorney, and you need assistance, please contact the Claims Administrator. Do not call or write the Judge, the Court’s Trustee or the Clerk of the Court.

DONE and ORDERED this 2nd day of May, 2008

/s/
David C. Miller
Circuit Court Judge