

3. **After you received the class notice in this case**, did you make a complaint to an FCA US Dealership about one or more of the following transmission-related symptoms in your vehicle: ***rough, delayed, or sudden shifting; grinding noise during shifting; harsh engagement of gears; or reduced power when the vehicle shifts into gear?*** **Yes** **No**

(a) If “YES,” please answer the following:

- (i) How many transmission-related complaints (as defined above) did you make during a service visit to a FCA US Dealership after receiving notice?
 _____ (Number of Complaints)
- (ii) On how many of those service visits did a FCA US Dealership find evidence that the transmission-related problem you described actually existed?
 _____ (Number of Complaints)

4. Are you attaching documents showing the transmission-related complaints you identified above? (e.g. repair order showing VIN, mileage, and date of service visit) **Yes** **No***

NOTE: *to ensure proper claim handling, you must include the documents showing your transmission-related complaint(s) when you submit your claim form. You may request the required documentation from the FCA US Dealership where you made the transmission-related complaint(s).*

**If you do not have documents from a FCA US Dealership showing that you made one or more of the transmission-related complaints identified above, you may include with your claim form a formal statement that such complaint(s) was (were) made. The transmission-related complaints you put in a statement will be counted only if FCA US’s records confirm them. Your signed and dated statement must include the following for each transmission-related complaint for which you are not providing a record:*

- (a) The date of the transmission-related complaint; and
 (b) Name of the FCA US Dealership where the transmission-related complaint was made.

III. Election of Benefit

The Settlement Agreement provides for the following benefits based on the number of confirmed transmission-related complaints you (Claimant) made to an authorized FCA US Dealership:

Number of Transmission-Related Complaints	Cash Payment	Trade-In Voucher Value
3	\$400	\$1,000
4-5	\$800	\$2,000
6 or more	\$2,000	\$4,000

I (we) elect the following benefit (please check only one):

_____ **Cash Payment**

_____ **Trade-In Voucher toward purchase of a new FCA US vehicle**

IV. Acknowledgement of Claimant(s)

Claimants **must** acknowledge that they have read and agree to the following by checking the box or the claim will be rejected:

VERIFICATION OF CLAIM AND WARRANTY. I (we) represent and warrant that the information, enclosures, and supporting documentation submitted herewith are true, correct, and accurate. I (we) specifically warrant that I (we) am (are) the rightful and only owner(s) or assignee(s) of the Claim submitted and have not otherwise transferred or encumbered any right or interest in this Claim and/or entitlement arising from the Settlement to any person.

V. Certification of Accuracy

All the information that I (we) supplied in and with this Claim Form, including any separate statement being provided, is true and correct to the best of my (our) knowledge and belief and this document is signed under penalty of perjury.

If more than one Owner/Lessee, this Claim Form must be signed by all Owners/Lessees.

Signature of Claimant

___ ___ / ___ ___ / ___ ___ ___ ___
Date of Signature

Printed Name of Claimant

Signature of Claimant

___ ___ / ___ ___ / ___ ___ ___ ___
Date of Signature

Printed Name of Claimant

If you have questions about this Claim Form, call (888) 439-1609 or visit FCATransmissionSettlement.com.