

Christy Refractories Asbestos Personal Injury Trust

Instructions for Filing Unliquidated Asbestos Personal Injury Claims

The Christy Refractories Asbestos Personal Injury Trust (the “Trust”) was established pursuant to the First Amended Plan of Reorganization of The Christy Refractories Company, LLC under Chapter 11 of the United States Bankruptcy Code, dated as of June 7, 2011 (as it may be amended or modified, the “Plan”). The Trust was created to process, liquidate and pay valid asbestos personal injury claims in accordance with the Christy Refractories Asbestos Personal Injury Trust Distribution Procedures (the “TDP”) - a copy of which is attached. Unless otherwise defined herein, capitalized terms shall have the meaning ascribed to them in the TDP. See the preamble to the TDP for the definition of “Christy” as used herein.

These instructions and the accompanying Claim Form for Unliquidated Asbestos Personal Injury Claims apply only to holders of Unliquidated Asbestos Personal Injury Claims seeking to liquidate their claim under Section 5.2(a) or (b) of the TDP.

These instructions provide an overview of how to file a claim with the Trust and are intended to assist claimants (i.e. the injured party or his or her personal representative) in filing a complete and valid claim. All legal requirements for a valid claim, however, are set forth in full in the TDP, which may be found at www.Christy-Trust.com. These instructions are organized in four sections:

- Procedures for registering with the Trust and filing claims
- How a claim is processed by the Trust
- Requirements for filing a valid claim
- How the Trust pays claims

Section 1: How do I file a claim with the Trust?

Filing Fees

All claimants must pay a refundable Filing Fee of \$20.00 for each claim filed with the Trust. The Trust will not process a claim unless and until the Filing Fee has been paid; if the Filing Fee is not paid within 60 days of the Trust’s receipt of the claim, the claim will be rejected and the Statute of Limitations will not be considered to have been tolled.

If a claim is allowed, the Filing Fee will be refunded in full at the time of the payment of the claim.

To file a claim

To file a claim, you must submit a completed Claim Form along with all of the required supporting documentation. The supporting documentation is discussed below. You may submit your claim to the Trust using either (1) the enclosed Claim Form or (2) by bulk electronic submission through the Trust’s online filing system, or (3) by entering the claim using the on-line data entry form. A sample copy of the Claim Form and Excel templates for bulk filing are available for download at www.Christy-Trust.com. You may also provide the supporting documentation in either hard copy or in electronic format (as either PDF or TIFF files). All materials must be sent to the Trust by mail, e-mail, facsimile, or submitted online by using the following addresses:

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Mail Submissions:

Christy Refractories Asbestos Personal Injury Trust
C/O Verus Claims Services, LLC
3967 Princeton Pike
Princeton, New Jersey 08540
Telephone: (609) 466-0427
Facsimile: (609) 466-1449
E-mail: support@verusllc.com

Online submissions: <https://trust.verusllc.com/trust>

To use the Trust's electronic submission application, law firms must first execute the Electronic Filer Agreement attached to these instructions. The Electronic Filer Agreement is also available for download at www.Christy-Trust.com. The Trust strongly recommends that law firms make use of the online filing option, as it significantly reduces the time and expense required for processing claims.

All law firms must also complete the Law Firm Registration Form prior to submitting claims. The Law Firm Registration form is also available for download at www.Christy-Trust.com. Registering with the Trust is required in order for the Trust to confirm tax identification numbers prior to disbursements as required by the Internal Revenue Service.

Every effort should be made to submit the Claim Form and all required documentation at the same time. Incomplete submissions will not be placed in the first-in-first-out (FIFO) processing queue – and therefore will not be reviewed by the Trust – until such time as any missing required information and/or documentation is provided by the claimant. Incomplete submissions also increase processing time for all claimants and consume valuable Trust resources which would otherwise be available for the payment of claims. Questions regarding the Claim Form and the claim process may be directed to:

Mark Eveland (609) - 466-0427 x1004 meveland@verusllc.com

Statute of Limitations

All claims must be filed before the expiration of the relevant statute of limitations. See Section 5.1(a)(2) of the TDP for details on the application of the statute of limitations and tolling provisions.

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Disease Levels

Claims are categorized according to eight asbestos-related Disease Levels. The Disease Levels are:

- Mesothelioma (Level VIII)
- Lung Cancer 1 (Level VII)
- Lung Cancer 2 (Level VI)
- Other Cancer (Level V)
- Severe Asbestosis (Level IV)
- Asbestosis/Pleural Disease (Level III)
- Asbestosis/Pleural Disease (Level II)
- Other Asbestos Disease - Cash Discount Payment (Level I)

Each Disease Level has been assigned medical and exposure criteria; seven of the eight Disease Levels have Scheduled Values (for Expedited Review), and five Disease Levels have ranges of values (for Individual Review) as well. The Disease Level values have been selected and derived from the best available information considering the settlement histories of Chrity and the rights claimants would have in the tort system absent the bankruptcy, with the intention of achieving a fair allocation of the Trust's assets among injured parties suffering from different diseases.

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Required Information & Supporting Documentation

Claims will only be placed in the FIFO processing queue for further review by the Trust when they are determined to be “sufficiently complete” per Section 5.1(a)(1) of the TDP. In order to meet the “sufficiently complete” requirement, all of the following information must be provided with the initial submission:

Required Data

Claim Form Section	Label
Claims Process	Expedited Review or Individual Review
Section 1: Injured Party Information	Last Name
Section 1: Injured Party Information	First Name
Section 1: Injured Party Information	Social Security Number
Section 1: Injured Party Information	Date of Birth
Section 1: Injured Party Information	Date of Death (if applicable)
Section 1: Injured Party Information	Gender
Section 2: Law Firm/Attorney Information	Filer ID
Section 3: Asbestos Related Injury	Disease Level
Section 3: Asbestos Related Injury	Diagnosis Date
Section 6: Asbestos Litigation and Claims History	Lawsuit Filing Date <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	State Filed <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	Court <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	Docket Number <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	Claimant's Jurisdiction Selection <i>(if no lawsuit was filed)</i>
Section 7: Occupational Exposure to Asbestos Products	Start Date
Section 7: Occupational Exposure to Asbestos Products	End Date
Section 7: Occupational Exposure to Asbestos Products	Occupation
Section 7: Occupational Exposure to Asbestos Products	Site of Exposure
Section 7: Occupational Exposure to Asbestos Products	Site Location City
Section 7: Occupational Exposure to Asbestos Products	Site Location State
Section 7: Occupational Exposure to Asbestos Products	Site Location Country
Section 7: Occupational Exposure to Asbestos Products	Industry
Section 7: Occupational Exposure to Asbestos Products	Description of Significant Occupational Exposure

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Required Supporting Documentation

In order for a claim to be deemed sufficiently complete for review, the claimant must submit the following supporting documentation:

For all claimants:

- Medical records supporting the diagnosis of the claimed Disease Level.
- Proof of Christy Exposure, as required by the TDP.

For deceased injured parties:

- Death certificate.

For claims for lost wages or Exigent Hardship Claims:

- Documentation supporting the claim that any and all wage loss incurred by the injured party was the result of the injured party's asbestos-related disease. This documentation would include, but not be limited to, medical records and/or reports, reports from governmental or insurance agencies and/or reports from the injured party's most recent employer.
- Tax returns and/or W-2 forms for the last three (3) full years of employment.

Other supporting documentation, as applicable:

- Letters of Administration or other proof of the personal representative's official capacity, if applicable pursuant to state law.
- Copy of tolling agreement (if applicable).
- For claims filed under Individual Review, any additional information and/or documents (see TDP section 5.2(b)(2)) the injured party or claimant would like the Trust to consider in evaluating the claim.

Section 2: How will claims be processed?

FIFO Processing Order

In general, claims will be processed and a liquidated value will be assigned to claims in the order in which the claims are received by the Trust, on a first-in-first-out basis. The Trust assigns a unique Claim ID and FIFO processing number when the claim is deemed sufficiently complete for review (as defined above). See the Trust Procedures for discussion regarding the FIFO Processing Queue.

See section 5.1(a)(1) of the TDP for detailed FIFO processing specifications.

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Liquidation of Claims

When filing a claim, the claimant may elect either Expedited Review or Individual Review. If a claim is eligible for Expedited Review and no election is made by the claimant at the time the claim is filed, the Trust will review the claim under the Expedited Review process.

Because the detailed examination and valuation process pursuant to Individual Review requires substantial time and effort, claimants electing to undergo the Individual Review process may likely be paid later than if the claimant elected the Expedited Review process. If the claimant is seeking Individual Review, Sections 4, 8, 9 and 10 of the Claim Form must be completed to the extent applicable.

Expedited Review

Expedited Review is explained in Section 5.3(a) of the TDP. All claimants, except those with claims for Lung Cancer 2 (Disease Level VI), Foreign Claims, claims for Secondary Exposure, and Extraordinary Claims may elect Expedited Review of their claim. Under Expedited Review, the Trust will determine whether the claim meets the presumptive medical and exposure criteria for one of the seven Disease Levels eligible for Expedited Review, and will advise the claimant of its determination. If the Trust determines that a claim meets the criteria for one of the seven Disease Levels, the Trust will assign the claim the established Scheduled Value for that Disease Level. The Disease Levels and Scheduled Values are set forth at section 5.2(a)(3) of the TDP, and reproduced below. The Trust will tender to the claimant an offer of payment in an amount equal to the Scheduled Value multiplied by the Payment Percentage, as explained below. If the claimant accepts the offer, the claim will be paid as set forth in Section 4 of these instructions. If the claimant rejects the offer, the claimant may request Individual Review.

Alternatively, if the Trust concludes that a claim does not meet the presumptive Medical/Exposure Criteria for one of the seven Disease Levels eligible for Expedited Review, the Trust will deny the claim. If the Trust denies the claim, the claimant may then request Individual Review.

Individual Review

The Trust's Individual Review process provides a claimant with an opportunity for individual consideration and evaluation of a claim. All Lung Cancer 2 (Level VI) claims must be submitted for Individual Review. In addition, all Foreign Claims, as defined in Section 5.2(b)(1) of the TDP, all claims for Secondary Exposure, as described in Section 5.4 of the TDP, and all Extraordinary Claims, as defined in Section 5.3(a) of the TDP, must be submitted for Individual Review.

Any claimant whose claim fails to meet the presumptive Medical/Exposure Criteria required for liquidation under Expedited Review may seek Individual Review of his or her claim. For claims that fail to meet the presumptive Medical/Exposure Criteria, if the Trust is satisfied that the claimant has presented a claim that would be cognizable and valid in the tort system, the Trust may offer the claimant a liquidated value up to the Scheduled Value for the relevant Disease Level.

In addition, claimants holding claims in Disease Levels IV, V, VII or VIII may seek Individual Review in order to determine whether the liquidated value of their claims exceeds the Scheduled Value for the

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relevant Disease Level. However, unless the claim qualifies as an Extraordinary Claim as described in Section 5.3(a) of the TDP, the liquidated value of a Disease Level III-VIII claim determined under Individual Review may not exceed the Maximum Value for the relevant Disease Level, as set forth in Section 5.2(b)(3) of the TDP. Also, the liquidated value of a claim that undergoes Individual Review may be determined to be less than the Scheduled Value the claimant would have received under Expedited Review.

Please refer to 5.2(b)(2) of the TDP for the valuation factors considered in the Individual Review process.

If the Trust determines that a claim for any Disease Level is deficient or does not qualify for payment, then the Trust will issue a notice of deficiency to the claimant or deny the claim.

If a claimant rejects the liquidated value offered after Individual Review, the claimant may challenge the resolution of the claim under the Trust’s ADR procedures. See Section 5.9 of the TDP for ADR provisions.

Extraordinary Claims, Exigent Health and Exigent Hardship Claims

The TDP provides for Extraordinary Claims, Exigent Health and Exigent Hardship Claims. For details of the requirements for each of these types of claims, see Section 5.3 of the TDP.

Section 3: What are the requirements for a valid claim under the TDP?

General Requirements

All claimants are required to submit a complete Claim Form with the required supporting documentation. Generally, at a minimum, the supporting documentation must consist of a medical report from the diagnosing physician and a death certificate, if applicable.

The following chart, used for Expedited Review, summarizes the Scheduled Values and Medical/Exposure Criteria for the various Disease Levels. This chart is only intended as a general guideline for a valid claim. As stated throughout these instructions, the TDP must be consulted to determine whether the claim satisfies the requirements for a valid claim. See Section 5.2(a)(3) of the TDP for all applicable criteria.

<u>Disease Level</u>	<u>Scheduled Value</u>	<u>Medical/Exposure Criteria</u>
Mesothelioma (Level VIII)	\$90,000	(1) Diagnosis of mesothelioma; and (2) Christy Exposure as defined in Section 5.6(b)(3) of the TDP.
Lung Cancer 1 (Level VII)	\$ 40,000	(1) Diagnosis of a primary lung cancer plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months Christy Exposure prior to December 31, 1986, (3) Significant Occupational Exposure to asbestos (as

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		defined in Section 5.6(b)(2) of the TDP), and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.
Lung Cancer 2 (Level VI)	None	(1) Diagnosis of a primary lung cancer, (2) Christy Exposure prior to December 31, 1986, and (3) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.
Other Cancer (Level V)	\$ 20,000	(1) Diagnosis of a primary colorectal, laryngeal, esophageal, pharyngeal, or stomach cancer, plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months Christy Exposure prior to December 31, 1986, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the other cancer in question.
Severe Asbestosis (Level IV)	\$ 40,000	(1) Diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestos, plus (a) TLC less than 65%, or (b) FVC less than 65% and FEV1/FVC ratio greater than 65%, (2) six months Christy Exposure prior to December 31, 1986, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.
Asbestosis/Pleural Disease (Level III)	\$ 9,000	(1) Diagnosis of Bilateral Asbestos-Related Nonmalignant Disease plus (a) TLC less than 80%, or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%, and (2) six months Christy Exposure prior to December 31, 1986, (3) Significant Occupational Exposure to asbestos, and (4) supporting

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medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

Asbestosis/Pleural Disease (Level II) \$ 4,000

(1) Diagnosis of a Bilateral Asbestos-Related Nonmalignant Disease, (2) six months Christy Exposure prior to December 31, 1986, and (3) five years cumulative occupational exposure to asbestos.

Other Asbestos Disease
(Level I - Cash Discount Payment) \$ 250

(1) Diagnosis of a Bilateral Asbestos-Related Nonmalignant Disease or an asbestos-related malignancy other than mesothelioma, and (2) Christy Exposure prior to December 31, 1986.

Medical Evidence

In general, all diagnoses of a Disease Level shall be accompanied by either (i) a statement by the physician providing the diagnosis that at least 10 years have elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis, or (ii) a history of the injured party's exposure sufficient to establish a 10-year latency period. Medical records supporting the claimed Disease Level must be submitted with the Claim Form.

For further details regarding medical evidence required for a valid claim, see Section 5.6(a) of the TDP.

Exposure Evidence

In general, to meet the presumptive exposure requirements for Expedited Review, the claimant must show:

- For all Disease Levels, Christy Exposure (as described below and as set forth in the TDP).
- For Disease Level II, six months Christy Exposure (as described below and as set forth in the TDP), plus five years cumulative occupational asbestos exposure.
- For Disease Levels III, IV, V or VII, six months Christy Exposure prior to December 31, 1986, plus Significant Occupational Exposure (as described below and as set forth in the TDP) to asbestos.

If the claimant cannot meet the relevant presumptive exposure requirements for a Disease Level eligible for Expedited Review, the claimant may seek Individual Review. For further details regarding exposure evidence required for a valid claim, see Section 5.6(b) of the TDP.

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Christy Exposure

See Section 5.6(b)(3) of the TDP for the required showing of Christy Exposure.

The Claim Form requires the claimant to list the occupation and industry in which the injured party worked at the time the Christy Exposure occurred. If signed by the injured party, execution of a fully completed Claim Form under penalty of perjury will be accepted as evidence of exposure for purposes of Section 5.6(b)(3) of the TDP. See Claim Form, Part 11.

Significant Occupational Exposure

Claims submitted for Disease Levels III, IV, V or VII must demonstrate Significant Occupational Exposure in order to meet the presumptive exposure requirements for Expedited Review. See Section 5.6(b)(2) of the TDP for the required showing of Significant Occupational Exposure.

Section 4: How will I receive payment if I have a valid claim?

Once a claim is liquidated, it is placed in line for payment. Prior to payment, the Trust will require that the claimant execute a release. The order of payment is based on the date of the receipt of the executed release. Except for holders of Other Asbestos Disease (Disease Level I) claims, the claimant will receive an payment equal to the liquidated value of the claim times the Initial Payment Percentage. See Section 2.3 of the TDP.

If the claimant is represented by an attorney, the payment shall be made to the attorney on behalf of the claimant. If the claimant is not represented by an attorney, the payment will be made directly to the claimant. See the Trust Procedures for an explanation of the Trust's payment procedures.

Payment Percentage

Except for claims involving Other Asbestos Disease (Disease Level I), all claims are subject to the Payment Percentage. The Payment Percentage is the percentage of the full liquidated value of a claim that claimants will receive from the Trust. The Payment Percentage is calculated based on the Trust's estimate of the number, types and values of present and future claims and the value and liquidity of the Trust's assets after considering the Trust's operating expenses. The Initial Payment Percentage is 11%. Applying this Payment Percentage, claimants with valid claims that are liquidated at the Scheduled Values could expect cumulative payments in the following amounts:

Disease Level	Scheduled Value	Payment Amount
Mesothelioma (Level VIII)	\$90,000	\$9,900.00
Lung Cancer 1 (Level VII)	\$40,000	\$4,400.00
Lung Cancer 2 (Level VI)	None	Variable

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Other Cancer (Level V)	\$20,000	\$2,200.00
Severe Asbestosis (Level IV)	\$40,000	\$4,400.00
Asbestosis/Pleural Disease (Level III)	\$9,000	\$990.00
Asbestosis/Pleural Disease (Level II)	\$4,000	\$440.00
Other Asbestos Disease – Cash Discount Payment (Level I)	\$250	\$250.00 (Level I claims not subject to Payment Percentage)

The Trustees, with the consent of the Trust Advisory Committee and Future Claims Representative, may adjust the Payment Percentage to reflect updated estimates of the Trust’s liabilities. Because there is uncertainty in the prediction of both the number and severity of future claims, and the amount of the Trust’s assets, no guarantee can be made of the Payment Percentage. If the Payment Percentage is increased over time, claimants whose claims were liquidated and paid in prior periods under the TDP will receive supplemental payments, subject to the limitations described in Section 4.3 of the TDP.

Annual Payment Limitations

To assure that the Trust has adequate resources to pay similarly situated present and future claims in similar amounts, the Trust’s payments to claimants in any year may not exceed the Maximum Annual Payment for that year plus any excess funds rolled over from earlier years. The Maximum Annual Payment shall first be allocated to claims involving Disease Level I that have been liquidated by the Trust. See Section 2.4 of the TDP for information regarding the Maximum Annual Payment.

The remaining portion of the Maximum Annual Payment (the “Maximum Available Payment”) will be used to satisfy all other liquidated PI Trust Claims. 90% of the Maximum Available Payment may be used to pay claims in Disease Levels IV-VIII in a given year. The remaining 10% of the Maximum Available Payment is available only to pay claims in Disease Levels II and III. See Section 2.5 of the TDP. If the Maximum Annual Payment is insufficient to pay all liquidated claims in the relevant Disease Levels for any year, the claims will be carried over to the next year and will be paid prior to any claims that are liquidated in the next year.