

# AXA SETTLEMENT CLAIM FUND

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April 1, 2007

Dear Claimant,

Please complete all the pages of this 'Notice of Claim' form to the best of your ability. The more information you provide, the more helpful it is to your claim. If the space provided is not enough for your answers, please use a separate sheet of paper and write out the question and corresponding answer. Please WRITE LEGIBLY in black or blue ink.

If more than one person in your family is claiming on a policy, each person must fill out a separate claim form. Please do not include more than one name per claim form.

Also, if you are claiming on more than one policy, please submit a separate claim form per each policy. Please photocopy the claim form if necessary.

You can find the searchable database of the AXA Insurance Policyholders on our website at [www.ArmenianInsuranceSettlementAXA.com](http://www.ArmenianInsuranceSettlementAXA.com).

Please send your completed and signed claim form by first-class mail to:

**Kurkjian and Ouzounian v. AXA  
Settlement Administrator  
AXA Settlement Claim Fund  
900 Wilshire Blvd., Suite 614  
Los Angeles, CA 90017  
U.S.A.**

**NOTE: If your 'Notice of Claim' is postmarked after October 1, 2007 it will not be considered timely and will not be accepted.**

Thank you,

AXA Settlement Claim Fund

**Kyurkjian, et. al, v. AXA, S.A., et al., and Ouzounian, et. al., v. AXA, S.A., et. al.**  
AXA Settlement Claim Fund  
900 Wilshire Blvd., Suite 614  
Los Angeles, CA 90017

## **NOTICE OF CLAIM**

I believe that I have a claim under the Settlement Agreement in the Class Action *Kyurkjian, et. al, v. AXA, S.A., et al., Case No: 02-01750 and Ouzounian, et. al., v. AXA, S.A., et. al., Case No: 05-02596* (collectively, the "Actions"), in the *United States District Court, Central District of California, (the "Court")*. I have read and understand the Frequently Asked Questions (available at [www.ArmenianInsuranceSettlementAXA.com](http://www.ArmenianInsuranceSettlementAXA.com)) and wish to assert my claim under the following policy as a participant in the court-approved Settlement of the Action.

.....  
Your Last Name

.....  
Your First Name

.....  
Your Birth Name (If Different)

.....  
Your Maiden Name (If Applicable)

Policy Number you are Claiming for: .....

Insured's Name as It Appears on the Policy: .....

Name of the Policy Issuing Company: .....

### **Your Current Address:**

.....  
Street Address, Apt. #

.....  
City

.....  
State

.....  
Zip Code

.....  
Country

Your Phone Number: .....

Your E-mail Address: .....

What is Your Date of Birth? .....  
Month Day Year

What is Your Place of Birth? .....  
City Country

Are you married? Yes ☐ No ☐

If yes, please state your spouse's first and last name: .....

Do you have any children? Yes ☐ No ☐

If yes, how many? .....

Please state your children's first and last names and their Date of Birth:

.....

.....

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.....

Do you have any siblings? Yes ☐ No ☐

If yes, please state their first and last names and whether they are living or deceased:

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Are any of your siblings filing a claim on this same policy?

Yes ☐ No ☐ Don't Know ☐

Your Father's First and Last Name: .....

Your Father's Date of Birth: .....

Your Father's Place of Birth: .....

Your Paternal Grandparents' Names:.....

Paternal Grandfather's First and Last Name

.....  
Paternal Grandmother's First and Last Name:

Your Father's Current (or last) Address: .....

.....

Your Father's Phone Number (If Applicable): .....

Your Father's Date of Death (If Applicable): .....

Your Father's Place of Death (If Applicable): .....

Your Mother's First and Last Name: .....

Your Mother's Date of Birth: .....

Your Mother's Place of Birth: .....

Your Maternal Grandparents' Names:.....

Paternal Grandfather's First and Last Name

.....  
Paternal Grandmother's First and Last Name:

Your Mother's Current (or last) Address: .....

.....

Your Mother's Phone Number (If Applicable): .....

Your Mother's Date of Death (If Applicable): .....

Your Mother's Place of Death (If Applicable): .....

**Insured Information:**

Do you have a copy of the original policy? Yes ☐ No ☐  
(If yes, please include this with your claim)

First and Last Name of the Insured: .....  
(As it Appears on the Policy)

Policy Number: .....

Name of the Policy Issuing Company: .....

Does the name and policy number of the insured appear on the AXA searchable database published on our website?  
Yes ☐ No ☐

What is your relationship to the insured? .....

.....  
(Please provide documents to verify your relationship such as, birth certificates, death certificates, marriage certificates, passports, identification cards, a family tree, etc.)

Is your relationship to the Insured maternal or paternal? .....

What is the date of birth of the Insured? .....

What is the place of birth of the Insured? .....

What is the date of death of the Insured? .....

What is the place of death of the Insured? .....

What was the place of residence of the Insured? .....

What was the occupation of the Insured? .....

What was the Insured's spouse's First and Last Name? .....

Please state the first and last name of the Insured's children, the birth dates of the Insured's children, and the dates of death of the Insured's children (If Applicable):

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Please explain why you believe you are the rightful beneficiary or heir of the policyholder:

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In order to strengthen your claim, **please include documentation and facts to demonstrate lineage between you and the insured.** Please do not send us originals of the documents, and make sure that any photocopies are readable. Some helpful documents to include are:

- A copy of the Policy
- Your passport or Identification Card
- Any birth certificates, death certificates, or marriage certificates that will prove the connection between you and the insured.
- A family tree that shows the lineage between you and the insured.
- Any identifying document that contains the insured's information, such as an identification card.
- Correspondence referencing the insurance policy/ Demand for Payment.
- Any other documents demonstrating that the listed policyholder was your relative.
- Any documents to demonstrate that the insured had a policy with AXA.
- Any other proof of *specific* relationship.

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I have read and understood the "Notice of Class Action and Proposed Settlement" (available at [www.armenianinsurancesettlementAXA.com](http://www.armenianinsurancesettlementAXA.com)). I declare under penalty of perjury under the laws of the United States of America that the information contained herein (Page 1, 2, 3, 4, and 5) is true and correct to the best of my knowledge and belief, and that I believe the policyholder identified above is my direct ancestor.

.....  
Printed Name of Claimant

.....  
Signature of Claimant

.....  
Date

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