

**Exhibit B-2**

**Form of Master Ballot**

**IMPORTANT: CHAPTER 11 CASES HAVE NOT BEEN COMMENCED AS OF THE DATE OF DISTRIBUTION OF THIS MASTER BALLOT. THIS MASTER BALLOT IS A PREPETITION SOLICITATION OF THE VOTES OF HOLDERS OF ASBESTOS PERSONAL INJURY CLAIMS REPRESENTED BY YOU AS COUNSEL ON A PREPACKAGED PLAN OF REORGANIZATION UNDER CHAPTER 11 OF THE BANKRUPTCY CODE. THE VOTING DEADLINE IS JANUARY 18, 2019 AT 4:00 P.M. (PREVAILING EASTERN TIME).**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

MAREMONT CORPORATION, et al.,<sup>1</sup>

Debtors.

For solicitation purposes only. The Prospective Debtors have not yet filed chapter 11 cases.

**MASTER BALLOT FOR CLASS 4 ASBESTOS PERSONAL INJURY CLAIMS FOR VOTING ON THE JOINT PREPACKAGED PLAN OF REORGANIZATION OF MAREMONT CORPORATION AND ITS DEBTOR AFFILIATES PURSUANT TO CHAPTER 11 OF THE BANKRUPTCY CODE**

Maremont Corporation and its affiliated prospective debtors and debtors in possession (the “Prospective Debtors”) are soliciting votes with respect to the *Joint Prepackaged Plan of Reorganization of Maremont Corporation and Its Debtor Affiliates Pursuant to Chapter 11 of the Bankruptcy Code*, dated December 4, 2018 (as modified, amended, or supplemented from time to time, the “Plan”), which is described in the *Disclosure Statement for the Joint Prepackaged Plan of Reorganization of Maremont Corporation and Its Debtor Affiliates Pursuant to Chapter 11 of the Bankruptcy Code*, dated December 4, 2018 (as modified, amended, or supplemented from time to time, the “Disclosure Statement”), both of which are included in the USB drive accompanying this Master Ballot (and are also posted on the internet at [www.donlinrecano.com/maremont](http://www.donlinrecano.com/maremont)).

Maremont Corporation and its affiliated Prospective Debtors may commence chapter 11 cases in the United States Bankruptcy Court for the District of Delaware (the “Bankruptcy Court”) after this solicitation, but have not yet done so. Accordingly, neither the Disclosure Statement nor the Plan has been approved by any court. Except as otherwise provided, all capitalized terms used herein but not otherwise defined shall have the meanings ascribed to them in the Plan and the Plan shall govern in the event of any inconsistencies.

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<sup>1</sup> The Prospective Debtors, together with the last four digits of each Prospective Debtor’s federal taxpayer identification number, are: Maremont Corporation (6138); Maremont Exhaust Products, Inc. (9284); AVM, Inc. (9285); and Former Ride Control Operating Company, Inc. (f/k/a ArvinMeritor, Inc., a Delaware corporation) (9286). The mailing address for each Prospective Debtor is 2135 West Maple Road, Troy, MI 48084.

**CLASS 4—ASBESTOS PERSONAL INJURY CLAIMS**

THIS MASTER BALLOT IS TO BE USED BY COUNSEL ONLY FOR VOTING ON BEHALF OF INDIVIDUAL HOLDERS OF CLAIMS IN CLASS 4 (ASBESTOS PERSONAL INJURY CLAIMS). **If you have any questions on how to complete this Master Ballot properly, please refer to the attached instructions.**

**IMPORTANT NOTE:** PLEASE CAREFULLY READ AND FOLLOW THE ENCLOSED INSTRUCTIONS FOR COMPLETING THIS MASTER BALLOT (THE “MASTER BALLOT”) AND READ THE DISCLOSURE STATEMENT AND PLAN INCLUDED WITH THIS MASTER BALLOT, BEFORE COMPLETING THIS MASTER BALLOT ON BEHALF OF YOUR CLIENTS. YOU MAY BE REQUIRED TO PROVIDE EVIDENCE OF AUTHORIZATION TO VOTE TO ACCEPT OR REJECT THE PLAN ON BEHALF OF THE HOLDERS OF ASBESTOS PERSONAL INJURY CLAIMS. THIS MASTER BALLOT IS TO BE USED ONLY FOR TABULATING VOTES ON THE PLAN SOLICITED FROM HOLDERS OF ASBESTOS PERSONAL INJURY CLAIMS AND MAY NOT BE USED FOR ANY PURPOSE OTHER THAN TO TRANSMIT THE VOTES TO ACCEPT OR REJECT THE PLAN. THE PROSPECTIVE DEBTORS HAVE NOT COMMENCED CHAPTER 11 CASES AS OF THE DATE HEREOF.

**ASBESTOS CHANNELING INJUNCTION:** THE PLAN, ATTACHED TO THE DISCLOSURE STATEMENT AS EXHIBIT A, PROVIDES FOR AN ASBESTOS PERSONAL INJURY CHANNELING INJUNCTION PURSUANT TO SECTION 524(g) OF THE BANKRUPTCY CODE. FOR A DESCRIPTION OF THE CAUSES OF ACTION TO BE ENJOINED AND THE IDENTITIES OF THE ENTITIES THAT WOULD BE SUBJECT TO THE INJUNCTION, SEE SECTION VIII.C OF THE PLAN AND ARTICLE I AND SECTION VIII.F OF THE DISCLOSURE STATEMENT. THE PLAN ALSO PROPOSES CERTAIN RELEASES, INJUNCTIONS, AND EXCULPATIONS, PURSUANT TO WHICH CERTAIN PARTIES ARE RELEASED FROM LIABILITY OR EXCULPATED FOR A VARIETY OF CLAIMS.

**DEADLINE:** YOU MUST PROPERLY COMPLETE, EXECUTE, AND DELIVER THIS MASTER BALLOT SO THAT IT IS ACTUALLY RECEIVED BY DONLIN, RECANO AND COMPANY, INC. (THE “CLAIMS, NOTICE AND BALLOTING AGENT”) PRIOR TO 4:00 P.M. PREVAILING EASTERN TIME ON JANUARY 18, 2019 (THE “VOTING DEADLINE”) (UNLESS SUCH TIME IS EXTENDED BY THE PROSPECTIVE

DEBTORS), AT THE BELOW LISTED CLAIMS, NOTICE AND BALLOTING AGENT ADDRESS BY U.S. MAIL, HAND DELIVERY, OR OVERNIGHT COURIER. THE VOTES TRANSMITTED BY THIS MASTER BALLOT WILL NOT BE COUNTED IF THEY ARE NOT RECEIVED BY THE VOTING DEADLINE. ELECTRONIC SUBMISSIONS WILL **NOT** BE COUNTED, EXCEPT FOR SUBMISSIONS OF THE EXHIBIT DESCRIBED HEREIN.

**QUESTIONS/CLAIMS,  
NOTICE AND  
BALLOTING AGENT  
ADDRESS:**

If you have any questions regarding this Master Ballot, the enclosed voting instructions, the procedures for voting, or need to obtain additional Solicitation Materials, please contact the Claims, Notice and Balloting Agent at the following address, telephone number, or email address or visit the following website:

**Maremont Corporation Ballot Processing  
c/o Donlin, Recano and Company, Inc.  
Attn: Voting Department  
6201 15th Avenue  
Brooklyn, NY 11219**

**Telephone: (212) 771-1128  
Email: [DRCVote@donlinrecano.com](mailto:DRCVote@donlinrecano.com) (reference  
"Maremont Vote" in the subject line)  
Website: [www.donlinrecano.com/maremont](http://www.donlinrecano.com/maremont)**

Please note that the Claims, Notice and Balloting Agent cannot provide legal advice or direct you to either accept (vote in favor of) or reject (vote against) the Plan. If an additional Master Ballot is needed, please do not photocopy this Master Ballot, but rather, request an additional Master Ballot from the Claims, Notice and Balloting Agent.

**DISTRIBUTION OF  
SOLICITATION  
PACKAGES:**

Included in the Solicitation Packages (as defined below) is a solicitation instruction letter provided to law firms (the "Solicitation Instruction Letter") for purposes of assuring the distribution of Solicitation Packages to such law firms' clients who are Holders of Class 4 Asbestos Personal Injury Claims. The Solicitation Instruction Letter provides specific instructions on the steps you must take as counsel if: (1) you do not represent a Holder; (2) you are authorized to submit a Master Ballot on behalf of your clients holding Class 4 Asbestos Personal Injury Claims; (3) you are not authorized to submit a Master Ballot and request that the Claims, Notice and Balloting Agent send Solicitation Packages, including Ballots, directly to your clients holding Class 4 Asbestos Personal Injury Claims; (4) you are requesting that the Claims, Notice and Balloting Agent provide you with Solicitation Packages in order for

you to provide such Solicitation Packages, including Ballots, to your clients; or (5) you will submit a Master Ballot on behalf of certain clients holding Class 4 Asbestos Personal Injury Claims and also direct that the Claims, Notice and Balloting Agent send to certain other clients Solicitation Packages with Ballots directly or indirectly.

**RESTRUCTURING  
TRANSACTION  
BACKGROUND:**

The Prospective Debtors are soliciting votes to accept (vote in favor of) or reject (vote against) the Plan from the Holders of Asbestos Personal Injury Claims. The Prospective Debtors may file Chapter 11 Cases in the Bankruptcy Court and seek to consummate a comprehensive restructuring transaction (the “Restructuring Transaction”) through the chapter 11 bankruptcy process and the Plan. The Prospective Debtors will file the Plan, the Disclosure Statement, and an affidavit summarizing the voting results with the Bankruptcy Court on or shortly after the date of the filing of the Chapter 11 Cases. The Bankruptcy Court may approve the Plan, which contemplates effecting the Restructuring Transaction, and, upon approval by the Bankruptcy Court, the Plan will be binding on each Holder.

**For additional discussion of the treatment of Holders of Asbestos Personal Injury Claims and such Holders’ rights under the Plan, please carefully read the Disclosure Statement and Plan in their entirety.**

**SOLICITATION  
PACKAGE:**

You should have received the following documents prior to or included with this Master Ballot (collectively, the “Solicitation Package”). **Please note that some of the following documents may be included on a USB drive included as part of your Solicitation Package.**

- Solicitation Cover Letter
- Solicitation Law Firm Instruction Letter
- Disclosure Statement (with all Exhibits, including the Plan attached as Exhibit A and the exhibits to the Plan to be filed with the Bankruptcy Court) as of the date of Solicitation
- A letter from the Asbestos Claimants Committee and Future Claimants’ Representative urging Holders of Asbestos Personal Injury Claims to vote to accept (vote in favor of) the Plan

If you have questions about this Master Ballot, or if you did not receive a copy of the Plan or any related materials, please contact

the Claims, Notice and Balloting Agent at (212) 771-1128 or at DRCVote@donlinrecano.com. **Information may also be obtained at www.donlinrecano.com/maremont.**

Any admission of claims for purposes of confirming the Plan is not an admission of liability on the part of the Prospective Debtors or any other party for payment purposes.

**VOTING—COMPLETE THIS SECTION**

**ITEM 1:  
EXHIBIT OF  
HOLDERS OF  
ASBESTOS  
PERSONAL INJURY  
CLAIMS  
REPRESENTED BY  
COUNSEL**

Please prepare a client list of each Holder of a Class 4 Asbestos Personal Injury Claim you are voting on behalf of, in substantially the same form as the table attached hereto (the “Exhibit”).

Please submit an electronic version of the Exhibit only (not the Master Ballot itself, which must be submitted via first class mail, overnight courier, or hand delivery) on a CD-ROM or USB drive,<sup>2</sup> if possible, preferably in Microsoft Excel format. An electronic template is available from the Claims, Notice and Balloting Agent upon request. Alternatively, you may submit a paper version of the Exhibit.

The Exhibit must include the following information: (i) the name of the injured party (with first name, last name, middle initial, and suffix listed in separate columns); (ii) the last four digits of the injured party’s Social Security number (U.S. Holders only); (iii) date of birth; (iv) date of death, if applicable; (v) disease type; and (vi) whether each Holder of a Class 4 Asbestos Personal Injury Claim listed on the Exhibit votes to accept (votes in favor of) or rejects (votes against) the Plan. **Any vote on behalf of a Holder of a Class 4 Asbestos Personal Injury Claim submitted without inclusion of the name and the last four digits of a valid Social Security number (with respect to U.S. Holders only) of such Holder will not be counted.**

Please further note that the only disease types to be listed under the heading “Disease Type”<sup>3</sup> are: Mesothelioma 2 (Disease Level V) (Shade Tree Mechanic Claims only), Mesothelioma (Disease Level IV) (Occupationally Exposed Claims only), Lung Cancer (Disease Level III) (Occupationally Exposed Claims only), Other Cancer (Disease Level II) (Occupationally Exposed Claims only), Severe Asbestosis (Disease Level I) (Occupationally Exposed Claims

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<sup>2</sup> If you prefer to submit the Exhibit pages via email, please contact the Claims, Notice and Balloting Agent’s Voting Department at (212) 771-1128 for further information.

<sup>3</sup> Certain terms that follow are defined in the Asbestos Personal Injury Trust Distribution Procedures, which is attached to the Plan as Exhibit D.

only). As described in the Asbestos Personal Injury Trust Distribution Procedures, the disease categories are assigned Disease Levels of Level V to Level I, consecutively.

**ITEM 2:  
TABULATION OF  
VOTES WITH  
RESPECT TO THE  
PLAN**

**Please note that with respect to each Asbestos Personal Injury Claim you list on the Master Ballot, you must vote the entire claim to accept or reject the Plan and may not split such vote. Accordingly, with respect to any Holder's Asbestos Personal Injury Claim for which you attempt to partially reject and partially accept the Plan, such Holder's vote will not be counted either as a vote to accept or reject the Plan. With respect to each Holder of an Asbestos Personal Injury Claim that has authorized you to vote his or her Asbestos Personal Injury Claim on the Master Ballot, you must clearly designate either acceptance or rejection of the Plan. If this Master Ballot is signed and timely received by the Claims, Notice and Balloting Agent, but does not designate either acceptance or rejection of the Plan for any particular claim, or indicates both an acceptance and rejection of the Plan with respect to a particular claim, the Master Ballot will not be counted either as a vote to accept or reject the Plan solely with respect to that claim.**

**Further, if you cast more than one Master Ballot and vote more than once on account of the same Asbestos Personal Injury Claim, the latest-dated, properly completed and executed Master Ballot received before the Voting Deadline will be deemed to reflect the Holder or Holders' intent and shall supersede any prior Master Ballots with respect to such Asbestos Personal Injury Claims.**

**The Plan, though proposed jointly, constitutes a separate Plan proposed by each Prospective Debtor. Accordingly, your vote will be applied in the same manner and in the same amount in Class 4 against each applicable Prospective Debtor.**

**The Claims, Notice and Balloting Agent is authorized, in its sole and absolute discretion, to contact you to cure any defects in the Master Ballot; provided, however, that the Claims, Notice and Balloting Agent has no obligation to contact you regarding any such defects. Only those Master Ballots actually received by the Voting Deadline will be tabulated.**

**A. Please mark one of the boxes below:**

- All Holders listed on the Exhibit to this Master Ballot **ACCEPT (VOTE IN FAVOR OF)** the Plan, as marked on such exhibit.
- All Holders listed on the Exhibit to this Master Ballot **REJECT (VOTE AGAINST)** the Plan, as marked on such exhibit.
- All Holders listed on the Exhibit to this Master Ballot **ACCEPT (VOTE IN FAVOR OF)** the Plan, except as marked on such exhibit.
- All Holders listed on the Exhibit to this Master Ballot **REJECT (VOTE AGAINST)** the Plan, except as marked on such exhibit.

**B. Please complete the following summary of votes on the Plan for each Disease Level of Holders for whom you are voting (see instructions following the Master Ballot for explanation of Disease Levels). If you believe your client(s) holds an Asbestos Personal Injury Claim as defined in the Plan, but does not meet the criteria for any of the Disease Levels, such Holder’s Asbestos Personal Injury Claim will be allowed for voting purposes only in the amount of \$5,000 and you are not required to select a Disease Level below.**

Disease Level	Votes Accepting (Voting in Favor of) the Plan	Votes Rejecting (Voting Against) the Plan	Total Votes
<i>Mesothelioma 2</i> (Disease Level V) (Shade Tree Mechanic Claims only)			
<i>Mesothelioma</i> (Disease Level IV) (Occupationally Exposed Claims only)			
<i>Lung Cancer</i> (Disease Level III) (Occupationally Exposed Claims only)			
<i>Other Cancer</i> (Disease Level II) (Occupationally Exposed Claims only)			
<i>Severe Asbestosis</i> (Disease Level I) (Occupationally Exposed Claims only)			



**ITEM 3:**  
**CERTIFICATIONS**

By signing and returning this Master Ballot, the undersigned certifies, upon information and belief, that:

1. I received a copy of the Solicitation Materials, including the Disclosure Statement, the Plan, and a letter from the Asbestos Claimants Committee and the Future Claimants' Representative urging Holders to vote to accept and vote in favor of the Plan.
2. I acknowledge that the Prospective Debtors' solicitation of votes is subject to all of the terms and conditions set forth in the Disclosure Statement.
3. I have prepared and attached the Exhibit to this Master Ballot and/or included an electronic copy of the Exhibit.
4. Each individual identified on the Exhibit to the Master Ballot is the Holder of an Asbestos Personal Injury Claim (as defined in the Plan) in Class 4.
5. The Disease Level identified with respect to each Asbestos Personal Injury Claim set forth on the Exhibit is true and correct based on medical records or similar documentation.
6. I have the full power and authority under applicable bankruptcy and/or non-bankruptcy law to vote on the Plan on behalf of each of the Holders of Asbestos Personal Injury Claims listed on the Exhibit to this Master Ballot.

I acknowledge that I am obligated to furnish to the Claims, Notice and Balloting Agent the names and addresses of all Holders of Asbestos Personal Injury Claims for whom I do not have the authority to vote on the Plan by December 17, 2018.

<b>Print or Type Name of Attorney:</b>	_____
<b>Name of Law Firm:</b>	_____
<b>Attorney Signature:</b>	_____
<b>Street Address:</b>	_____
<b>City, State and Zip Code:</b>	_____
<b>Telephone Number:</b>	_____
<b>Email Address of Attorney/ Signatory:</b>	_____
<b>Date:</b>	_____

The entire Exhibit accompanying this Master Ballot must be prepared and returned with this completed Master Ballot to the Claims, Notice and Balloting Agent.

**IF THIS MASTER BALLOT IS NOT COMPLETED, EXECUTED AND DELIVERED TO THE CLAIMS, NOTICE AND BALLOTING AGENT SO THAT IT IS ACTUALLY RECEIVED BY THE VOTING DEADLINE AT 4:00 P.M. (PREVAILING EASTERN TIME) ON JANUARY 18, 2019, IT WILL NOT BE COUNTED.**

**DO NOT INCLUDE MEDICAL RECORDS WITH THIS BALLOT. MEDICAL RECORDS CANNOT BE RETURNED BY THE CLAIMS, NOTICE AND BALLOTING AGENT.**

**INSTRUCTIONS FOR COMPLETING THIS MASTER BALLOT**

1. The Master Ballot is to be used by counsel of record for Holders of Asbestos Personal Injury Claims who are authorized to vote on behalf of those clients to accept (vote in favor of) or reject (vote against) the Plan. You may be required to provide evidence of authorization to vote to accept or reject the Plan on behalf of the Holders of Asbestos Personal Injury Claims. The Master Ballot may not be used for any purpose other than to transmit the votes to accept or reject the Plan.
2. In order for the votes reflected on the Master Ballot to be counted, the Master Ballot must be completed, signed, and returned so that it is actually received by the Claims, Notice and Balloting Agent, Donlin, Recano and Company, Inc., by the Voting Deadline, which is **no later than 4:00 p.m. prevailing Eastern Time on January 18, 2019**, unless such time is extended by the Prospective Debtors. Your completed Master Ballot should be returned in the pre-addressed, postage-paid envelope provided, to:

Via First Class Mail, Overnight Courier, or Hand Delivery:  
**Maremont Corporation Ballot Processing**

<b><u>If by First Class Mail:</u></b>	<b><u>If by Hand Delivery or Overnight Mail:</u></b>
Donlin, Recano & Company, Inc. <b>Re: Maremont Corporation, et al.</b> Attn: Voting Department PO Box 192016 Blythebourne Station Brooklyn, NY 11219	Donlin, Recano & Company, Inc. <b>Re: Maremont Corporation, et al.</b> Attn: Voting Department 6201 15th Ave Brooklyn, NY 11219

3. Master Ballots will not be accepted by telecopy, facsimile or other electronic means, including email. Master Ballots delivered to the Bankruptcy Court, the Prospective Debtors, or any party other than the Claims, Notice and Balloting Agent will not be counted.
4. This Master Ballot will not constitute or be deemed a proof of claim or equity interest, an assertion of a claim or equity interest, or the allowance of a claim or equity interest. None of the information set forth in this Master Ballot shall constitute an admission by the Prospective Debtors as to the extent, validity, or priority of the claim voted herein, nor shall anything contained herein be binding upon the Prospective Debtors, the Holders of Asbestos Personal Injury Claims or the Asbestos Personal Injury Trust in any subsequent claims resolution process.
5. Multiple Master Ballots may be completed and delivered to the Claims, Notice and Balloting Agent. Votes reflected by multiple Master Ballots will be counted except to the extent they are duplicative of votes reflected by other Master Ballots. If two or more Master Ballots are inconsistent, the votes reflected on the last Master Ballot actually received prior to the Voting Deadline will, to the extent of such inconsistency, govern. If

more than one Master Ballot is submitted in order to supplement rather than duplicate earlier Master Ballot(s), please designate the subsequent Master Ballot(s) as a “Supplement” and clearly mark which of the votes reflected therein are additional votes. Notwithstanding the foregoing, if two or more Master Ballots are received from separate counsel, each of whom purports to represent the same Holder of an Asbestos Personal Injury Claim, the vote of such Holder will be counted only once and only if the votes of the Holder are consistent. If the votes are not consistent, none of the votes of such Holder will be counted.

6. Please note that with respect to each Asbestos Personal Injury Claim you list on the Master Ballot, you must vote the entire claim to accept (vote in favor of) or reject (vote against) the Plan and may not split such vote. Accordingly, with respect to any Holder of an Asbestos Personal Injury Claim for whom you attempt to partially reject and partially accept the Plan, such Holder’s vote will not be counted as a vote to accept or reject the Plan. With respect to each Holder of an Asbestos Personal Injury Claim that has authorized you to vote his or her Asbestos Personal Injury Claim on the Master Ballot, you must clearly designate either acceptance or rejection of the Plan. If this Master Ballot is signed and timely received by the Claims, Notice and Balloting Agent, but does not designate either acceptance or rejection of the Plan for any particular claim, or indicates both an acceptance and rejection of the Plan with respect to a particular claim, it will not be counted as a vote to accept or reject the Plan solely with respect to that claim. The Claims, Notice and Balloting Agent is authorized, in its sole and absolute discretion, to contact you to cure any defects in the Master Ballot; provided, however, that the Claims, Notice and Balloting Agent has no obligation to contact you regarding any such defects. Only those Master Ballots actually received by the Voting Deadline will be counted.
  
7. To properly complete the Master Ballot, you must follow the procedures described below:
  - a. **Item 1** of the Master Ballot requires you to attach an Exhibit to the Master Ballot, listing each Holder of an Asbestos Personal Injury Claim that you represent and are authorized to vote on behalf of (each, a “Voting Client”). The Exhibit, the form of which is attached hereto, must clearly identify your law firm on each page and list in separate columns the following information for each Holder of an Asbestos Personal Injury Claim on whose behalf you are voting: (i) name (with first name, last name, middle initial and suffix listed in separate columns); (ii) the last four digits of an injured party’s social security number (U.S. Holders only); (iii) date of birth; (iv) date of death, if applicable; (v) disease type (as set forth in the Asbestos Personal Injury Trust Distribution Procedures); and (vi) whether the listed individual Holder of an Asbestos Personal Injury Claim accepts or rejects the Plan (if applicable). In addition, you must state the total number of acceptances and total number of rejections by the Holders of Asbestos Personal Injury Claims that you represent, as reflected in the Exhibit. For your convenience, a sample template is set forth below:

Last Name	First Name	M.I.	Suffix	Last Four Digits of Social Security Number	Date of Birth	Date of Death (If Applicable)	Disease Type	Accept or Reject Plan (If Applicable)
Smith	John	A.		1234	1/1/1900		Mesothelioma	<input checked="" type="checkbox"/> Accept, or <input type="checkbox"/> Reject

- b. **Item 2** of the Master Ballot requires you to indicate which of your Voting Clients listed on the Exhibit accept the Plan and which of your Voting Clients reject the Plan. If all Voting Clients have authorized you to either accept or reject the Plan, you may so indicate in the applicable box without additional explanation. If some of the Voting Clients have authorized you to accept the Plan, while others have authorized you to reject the Plan, please check the appropriate box and be certain to specify on the Exhibit which of the Voting Clients have accepted the Plan and which of the Voting Clients have rejected the Plan. Item 2 also requires you to complete the summary of votes by Disease Level set forth therein. If multiple Disease Levels are indicated, the highest specified level shall be used for the purposes of calculating voting amounts. If no Disease Level is indicated, the claim shall be valued at \$5,000 solely for the purpose of calculating voting amounts.
- c. **Item 3** requires that you make certifications as a prerequisite to the submission of a vote on behalf of one or more Voting Clients. Please ensure that you have read and understood the certifications prior to signing the Master Ballot. **If you are unable to make the certification as to your authority to vote on behalf of any of your Voting Clients, you must furnish the Claims, Notice and Balloting Agent with the name and address of each such Voting Client by December 17, 2018, to whom the Claims, Notice and Balloting Agent will send a Solicitation Package. Please see the Solicitation Instruction Letter for additional Instructions.**
- d. Sign and date your Master Ballot.
- e. Provide your name, law firm, mailing address, telephone number and email address.
- f. Contact the Claims, Notice and Balloting Agent if you need any additional information.
- g. Return the completed, executed Master Ballot, including the Exhibit (only the Exhibit may be returned in electronic and/or written form), via first class mail, overnight courier, or hand delivery, so as to be actually received by the Claims, Notice and Balloting Agent before the Voting Deadline of **4:00 p.m. Prevailing Eastern Time on January 18, 2019. Ballots will not be accepted by telecopy, facsimile or other electronic means, including email.** The completed, executed Master Ballot should be returned to:

Via First Class Mail, Overnight Courier, or Hand Delivery:  
**Maremont Corporation Ballot Processing**

<u><b>If by First Class Mail:</b></u>	<u><b>If by Hand Delivery or Overnight Mail:</b></u>
Donlin, Recano & Company, Inc. <b>Re: Maremont Corporation, et al.</b> Attn: Voting Department PO Box 192016 Blythebourne Station Brooklyn, NY 11219	Donlin, Recano & Company, Inc. <b>Re: Maremont Corporation, et al.</b> Attn: Voting Department 6201 15th Ave Brooklyn, NY 11219

8. The Plan will be found to have been accepted by Class 4 if it is accepted by the Holders of at least two-thirds (2/3) in amount and seventy-five percent (75%) in number of the Holders of Asbestos Personal Injury Claims in Class 4 actually voting on the Plan. If an order confirming the Plan is issued by the Bankruptcy Court and affirmed by the District Court, or issued by the District Court, all Holders of Equity Interests in, and any and all Holders of Claims against, the Prospective Debtors (including those who reject the Plan, abstain from voting on the Plan, or are not entitled to vote on the Plan) will be bound by the confirmed Plan and the transactions contemplated thereby.
9. Explanation of requirements for Disease Levels and claim amounts for purposes of confirming the Plan:

The Exhibit must assign a Disease Level for each Asbestos Personal Injury Claim listed on the Exhibit. The Disease Levels, along with their corresponding amounts and medical criteria for voting purposes only, are as follows:

**MESOTHELIOMA 2 (DISEASE LEVEL V):**

- Diagnosis of mesothelioma by a qualified physician, and
- Injured party’s exposure was the result of being a Shade Tree Mechanic.<sup>4</sup>

**Claim amount for voting purposes only: \$12,100.**

**MESOTHELIOMA (DISEASE LEVEL IV):**

- Diagnosis of mesothelioma by a qualified physician, and
- Injured party’s<sup>5</sup> exposure was the result of working as a professional auto mechanic.

**Claim amount for voting purposes only: \$111,500.**

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<sup>4</sup> “Shade Tree Mechanic” means an individual auto enthusiast who worked on maintenance and upgrades to automobiles at home.

<sup>5</sup> For Secondary Exposure Claims (as defined in the Asbestos Personal Injury Trust Distribution Procedures), the occupationally exposed person must have been working as a professional auto mechanic.

**LUNG CANCER (DISEASE LEVEL III):**

- Diagnosis of a primary lung cancer,
- Evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease (as defined below),
- Injured party's<sup>6</sup> exposure was the result of working as a professional auto mechanic, and
- Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question in causing the lung cancer in question.

**Claim amount for voting purposes only: \$25,400.**

**OTHER CANCER (DISEASE LEVEL II):**

- Diagnosis of a primary colo-rectal, laryngeal, esophageal, pharyngeal, or stomach cancer,
- Evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease,
- Injured party's<sup>7</sup> exposure was the result of working as a professional auto mechanic, and
- Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the other cancer in question.

**Claim amount for voting purposes only: \$5,400.**

**SEVERE ASBESTOSIS (DISEASE LEVEL I):**

- Diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestos, plus (a) total lung capacity ("TVC") less than 65%,<sup>8</sup> or (b) forced vitality capacity ("FVC") less than 65% and forced expiratory volume in one second ("FEV1")/FVC ratio greater than 65%,
- Injured party's<sup>9</sup> exposure was the result of working as a professional auto mechanic, and
- Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

**Claim amount for voting purposes only: \$25,400.**

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<sup>6</sup> For Secondary Exposure Claims, the occupationally exposed person must have been working as a professional auto mechanic.

<sup>7</sup> For Secondary Exposure Claims, the occupationally exposed person must have been working as a professional auto mechanic.

<sup>8</sup> Actual measured value as opposed to the percentage of predicted.

<sup>9</sup> For Secondary Exposure Claims, the occupationally exposed person must have been working as a professional auto mechanic.

As used in this Section, ***Bilateral Asbestos-Related Nonmalignant Disease*** means: the claimant has or had either (i) a chest X ray read by a qualified B reader of 1/0 or higher on the ILO scale or (ii)(x) a chest X ray read by a qualified B reader or other Qualified Physician, (y) a CT scan read by a Qualified Physician, or (z) pathology, in each case showing either bilateral interstitial fibrosis, bilateral pleural plaques, bilateral pleural thickening, or bilateral pleural calcification. Evidence submitted to demonstrate (i) or (ii) above must be in the form of a written report stating the results (e.g., an ILO report, a written radiology report or a pathology report). Solely for asbestos claims filed against a Debtor or another defendant in the tort system prior to the Commencement Date, if an ILO reading is not available, either (i) a chest X ray or a CT scan read by a Qualified Physician, or (ii) pathology, in each case showing bilateral interstitial fibrosis, bilateral pleural plaques, bilateral pleural thickening, or bilateral pleural calcification consistent with or compatible with a diagnosis of asbestos-related disease, shall be evidence of a Bilateral Asbestos-Related Nonmalignant Disease.

10. For detailed information concerning the asbestos-related business of the Prospective Debtors and their asbestos claims history, please consult Article III of the Disclosure Statement.
11. **Solely for the purpose of voting to accept or reject the Plan, each Asbestos Personal Injury Claim has been temporarily allowed in the amount set forth above that corresponds to the Disease Level for each such Claim or \$5,000 to the extent a Disease Level has not been identified. The temporary allowance of Asbestos Personal Injury Claims in the applicable amounts is solely for the purpose of voting, does not constitute an allowance of such Claims for the purpose of distribution under the Asbestos Personal Injury Trust, and is without prejudice to the rights of your Voting Clients, the Plan Proponents, or the Asbestos Personal Injury Trust in any other context.**

**PLEASE DELIVER YOUR MASTER BALLOT PROMPTLY!**

**IF YOU HAVE ANY QUESTIONS REGARDING THIS MASTER BALLOT OR THE VOTING PROCEDURES, PLEASE CONTACT THE CLAIMS, NOTICE AND BALLOTING AGENT BY EMAILING [DRCVOTE@DONLINRECANO.COM](mailto:DRCVOTE@DONLINRECANO.COM) AND REFERENCE "MAREMONT VOTE" IN THE SUBJECT LINE, OR BY CALLING (212) 771-1128 AND ASKING FOR THE SOLICITATION TEAM.**

*[Remainder of Page Intentionally Left Blank]*



**EXHIBIT FOR CLASS 4 ASBESTOS PERSONAL INJURY CLAIMS MASTER BALLOT**

All Holders of Asbestos Personal Injury Claims are represented by \_\_\_\_\_.  
 Plaintiffs' Law Firm

Last Name	First Name	M.I.	Suffix	Last Four Digits of Social Security Number	Date of Birth	Date of Death (If Applicable)	Disease Type	Accept or Reject Plan (If Applicable)
								<input type="checkbox"/> Accept, or <input type="checkbox"/> Reject
								<input type="checkbox"/> Accept, or <input type="checkbox"/> Reject
								<input type="checkbox"/> Accept, or <input type="checkbox"/> Reject
								<input type="checkbox"/> Accept, or <input type="checkbox"/> Reject
								<input type="checkbox"/> Accept, or <input type="checkbox"/> Reject
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								<input type="checkbox"/> Accept, or <input type="checkbox"/> Reject
								<input type="checkbox"/> Accept, or <input type="checkbox"/> Reject
								<input type="checkbox"/> Accept, or <input type="checkbox"/> Reject

**TOTAL ACCEPTANCES:**

**TOTAL REJECTIONS:**