FORM FOR AUTHORIZATION TO RELEASE RECORDS OF OTHER ASBESTOS TRUSTS AND CLAIMS RESOLUTION FACILITIES

(Complement to Part L of the Proof of Claim)

TO WHOM IT MAY CONCERN:

The undersigned Claimant hereby authorizes any and all asbestos trusts, asbestos bankruptcy trusts, claims resolution facilities, or similar asbestos-related claims processes, whether now existing or hereafter created, in the United States or Canada (collectively, the "**Other Asbestos Trusts and Claims Resolution Facilities**"), to provide directly to Raymond Chabot Inc., in its capacity as court-appointed monitor (the "**Monitor**") in the restructuring proceedings of Asbestos Corporation Limited under the *Companies' Creditors Arrangement Ac*t, all submissions made by Claimant and (if different from Claimant) the party whose injury forms the basis of the claim (the "**Injured Party**"), including claim forms, any attachments to claim forms, and any amended or supplemental claim forms. Claimant expressly acknowledges that the Other Asbestos Trust or Claims Resolution Facility may provide such documents directly to the Monitor and need not obtain any further authorization from the Claimant or his/her representatives.

A copy (including an electronic or scanned copy) of this Authorization shall be as valid as the original. This Authorization contains no expiration date and may be relied upon and exercised by the Monitor at any time.

Name of Claimant: _____

Social Insurance Number / Social Security No.: _____

Date of Birth: _____

Name of Injured Party (if different from Claimant): _____

Social Insurance Number / Social Security No.: _____

Date of Birth: _____

Name of Representative for Claimant or Injured Party (if applicable): _____

Claimant's signature block (this signature must be provided and entered by the claimant)

Signed in _____, this _____ day of _____ 2026

_____ _____

Witness Claimant

Print Witness' name: _____