

Must Be Postmarked
No Later Than
August 31, 2015

JELD-WEN



JELD-WEN ESOP Litigation

Questionnaire for Members of the Settlement Classes

BASIC INFORMATION (FOR ALL CLASS MEMBERS)

Please provide the following information if any of the name and address listed on the envelope is incorrect. If you are disputing any of the records which will be used to calculate either of your Recognized Losses, please make any updates on that dispute form. You should only return this form if you are providing updates to your name and address and are not disputing any of the account records provided by the Defendants, JELD-WEN and/or the JELD-WEN ESOP. Please do not use pencil or red ink as it will not be captured.

First Name
M.I. Last Name

Mailing Address

Continuation of Mailing Address

City
State Zip Code

Foreign Province
Foreign Postal Code
Foreign Country Name/Abbreviation

Email Address (If you are still employed at JELD-WEN, please provide a non-JELD-WEN email)

Area code Telephone number (Day) Area code Telephone number (Evening)
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Are you currently married? Yes No
(If your spouse is or was an employee of JELD-WEN or one of its subsidiaries, please have your spouse fill out a separate form.)

Dates of Employment at JELD-WEN (or subsidiary):

Start Date / / to End Date / /
Month Day Year Month Day Year

Signature: _____ Dated: _____

Print Name: _____

Please mail or e-mail this form to:

JELD-WEN ESOP Litigation
c/o Gilardi & Co. LLC
P.O. Box 8040
San Rafael, CA 94912-8040
Email: classact@gilardi.com



FOR CLAIMS PROCESSING ONLY OB CB DOC RED LC A REV B