

CLAIM FORM INSTRUCTIONS

Mitsubishi Airbag Control Unit Settlement Notice

I. INSTRUCTIONS FOR COMPLETING THIS CLAIM FORM

Before filling out this Claim Form, please carefully read the instructions below and the full Notice available at www.ACUSettlement.com. **Although you may complete and return this Claim Form by mail, the fastest way to submit a claim is online at www.ACUSettlement.com.**

If you have questions about this Claim Form, please visit the Settlement Website for additional information. You may also contact the Settlement Notice and Claims Administrator at 1-855-680-6395 or email info@ACUSettlement.com with your questions.

To complete your Claim Form, you must include the following:

1. **Claim Information:** Please neatly print or type all information requested on the Claim Form. If you received a Postcard or Email Notice with a Unique ID, please include it in Section I (*Vehicle Owner/Leaseholder Information*) of the Claim Form.

Please submit only one Claim Form per Vehicle Identification Number (VIN).

2. **Documentation:** If you received a Postcard or Email Notice with a Unique ID and provide that Unique ID on this Claim Form, you do not need to provide any documentation at this time. If you do not have a Unique ID, or if the Settlement Notice and Claims Administrator is unable to verify the information in your claim, the Settlement Notice and Claims Administrator may contact you to request supporting documentation at a later date. You may need to provide documentation to show your ownership or lease of the vehicle, such as vehicle title, registration, purchase agreement, lease agreement, insurance documentation, or other documentation showing both your name and the VIN.
3. **Claim Submission:** The fastest way to submit a claim is online at www.ACUSettlement.com. Under the current schedule, your electronic claim must be **submitted by May 8, 2026**. If you submit a paper Claim Form, it must be **postmarked or emailed no later than May 8, 2026** and addressed to:

Mitsubishi Airbag Control Unit Settlement
c/o JND Legal Administration
PO Box 91000
Seattle, WA 98111
info@ACUSettlement.com

This schedule may change, so please visit the Settlement Website regularly for updates.

Claim Verification: All claims are subject to verification. The Settlement Notice and Claims Administrator will contact you if additional information or documentation is needed to verify your claim. Failure to complete all parts of the Claim Form, including any subsequent request for supporting documentation, may result in denial of your Claim, delay its processing, or otherwise adversely affect the Claim.

Assistance: If you have questions concerning this Claim Form or need additional copies, please contact the Settlement Notice and Claims Administrator at Mitsubishi Airbag Control Unit Settlement, c/o JND Legal Administration, PO Box 91000, Seattle, WA 98111, via email at info@ACUSettlement.com, or by calling 1-855-680-6395.

PLEASE KEEP A COPY OF YOUR CLAIM FORM FOR YOUR RECORDS.

Questions? Visit www.ACUSettlement.com or call toll-free 1-855-680-6395
To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>

CLAIM FORM

Mitsubishi Airbag Control Unit Settlement Notice

If you have more than one Mitsubishi Class Vehicle, you must submit a separate Claim Form for each vehicle. Please contact info@ACUSettlement.com for assistance in filing your Claim.

II. VEHICLE OWNER/LEASEHOLDER INFORMATION

Please provide your name and contact information below. Communications concerning this Claim will be directed to the contact information you provide below.

You must notify the Settlement Notice and Claims Administrator if your contact information changes after your Claim is submitted.

Primary Owner/Lessee First Name	MI	Last Name
Company Name (if the vehicle was owned or leased by a company)		
Title (if submitting on behalf of a company)		
Address 1		
Address 2		
City	State	ZIP Code
Email	Phone Number	
Unique ID*		

*The Unique ID is listed in your Postcard or Email Notice. If you misplaced that Notice, please contact the Settlement Notice and Claims Administrator. If you do not have a Unique ID, you may leave this field blank.

III. VEHICLE INFORMATION

Vehicle Identification Number

Please neatly print or type the Vehicle Identification Number (VIN)* of your eligible vehicle below. **If you have more than one eligible vehicle, you must submit a separate Claim Form for each vehicle.**

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*VINs are 17 characters in length and do not include the letters I, O, or Q.

Ownership Type

Did you own or lease the vehicle at any point on or before November 1, 2024?

Yes / No

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Do/did you own or lease the vehicle?

Own / Lease

Did you purchase or lease the vehicle new or used?

New / Used

Do you still possess the vehicle?

Yes / No

IV. PAYMENT METHOD

Please select your preferred payment method for your claim. If you do not make an election and provide the required email address or phone number for an electronic payment, or if you elect more than one option, your payment will be sent by check.

- Virtual Debit Card Virtual Debit Card Email: _____
- PayPal PayPal Email: _____
- Venmo Venmo Phone Number: _____
- Paper Check by Mail

V. CERTIFICATION

I certify that all the information that I supplied in this Claim Form is true and correct to the best of my knowledge and belief. I understand that the information I submit in this Claim Form is subject to verification and the Settlement Notice and Claims Administrator may reach out to me for further information or documentation to verify my Claim.

Signature of Primary Owner/Lessee

Date

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Printed Name

Title (if submitting on behalf of a company)

Company (if submitting on behalf of a company)