

FCA

***In re Chrysler-Dodge-Jeep EcoDiesel Marketing,  
Sales Practices and Products Liability Litigation***  
**Class Action Settlement Claim Form**  
**Claim Form Instructions**

Instructions

**Instructions for Completing the Enclosed Claim Form**

You must complete and return the enclosed Claim Form to claim compensation under the Settlement.

Please read the full Notice available at [www.EcoDieselSettlement.com](http://www.EcoDieselSettlement.com) before completing your Claim Form. If you have questions about this Claim Form, please visit the website at [www.EcoDieselSettlement.com](http://www.EcoDieselSettlement.com), call 1-833-280-4748 or email [Info@EcoDieselSettlementAdmin.com](mailto:Info@EcoDieselSettlementAdmin.com).

You may submit your completed Claim Form online at [www.EcoDieselSettlement.com](http://www.EcoDieselSettlement.com). You may also mail your completed Claim Form and documentation to:

EcoDiesel Settlement Claims  
PO Box 2960  
Farmington Hills, MI 48333-2960

To receive settlement compensation, you must complete the following steps:

- Claim Submission:**  
You must submit a complete and valid Claim Form, including all supporting documentation, by the applicable claims deadline. **Please visit [www.EcoDieselSettlement.com](http://www.EcoDieselSettlement.com) for additional, time-sensitive information about the deadline to submit your claim.**
- Review of Claim and Supporting Documentation:**  
After the Claims Program has begun, Fiat Chrysler will review your Claim Form and supporting documents for completeness and eligibility. Fiat Chrysler will confirm with you that your claim is complete or notify you if there is a deficiency with your claim or supporting documentation.
- Offer Letter:**  
Once your claim is deemed complete and you are determined to be eligible for the Settlement, you will receive an offer letter and release form that you must sign, notarize, and return.
- AEM Appointment and Payment:**  
If you are an **Eligible Owner** or **Eligible Lessee**, you will be eligible for compensation once your signed offer package is accepted and the Approved Emissions Modification has been installed at a Fiat Chrysler Authorized Dealer. You may have the Approved Emissions Modification installed (and may also schedule an appointment to have the Approved Emissions Modification installed) either prior to or after submitting your signed offer package, but you will not receive compensation until your signed offer package is accepted. Your payment will be processed and mailed to you within six weeks after your signed offer package is accepted and the Approved Emissions Modification has been installed.

If you are an **Eligible Former Owner** or **Eligible Former Lessee**, your payment will be processed after your signed offer package is accepted.

**ALL CLAIMS ARE SUBJECT TO VERIFICATION.**

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

**INCOMPLETE CLAIMS WILL NOT BE PAID. YOU WILL BE NOTIFIED IF YOUR CLAIM IS INCOMPLETE SO THAT YOU CAN COMPLETE IT.**

**IMPORTANT: BEFORE FILLING OUT THIS FORM, PLEASE READ THIS ENTIRE CLAIM FORM AND THE CLASS LONG FORM NOTICE CAREFULLY. THE CLASS LONG FORM NOTICE CONTAINS ADDITIONAL INFORMATION REGARDING YOUR ELIGIBILITY FOR SETTLEMENT BENEFITS AND OTHER IMPORTANT INFORMATION.**

**If you have questions about filling out this form,  
Please visit [www.EcoDieselSettlement.com](http://www.EcoDieselSettlement.com) or call 1-833-280-4748**

**SECTION A: NAME AND CONTACT INFORMATION (MAILING ADDRESS)**

Please provide your name and contact information below. The Claims Administrator will send your Settlement check to your Mailing Address. You must notify the Claims Administrator if your contact information changes after you submit your Claim Form.

**First Name**

**Last Name**

**Street Address (Mailing Address)**

**City**

**State**

**Zip Code**

**Email Address**

**Telephone Number**

**SECTION B: VEHICLE INFORMATION**

Please identify your Eligible Vehicle by checking the box next to your vehicle model and model year. Please check only one box in each column. If you have a claim for more than one Eligible Vehicle, you must submit a separate claim form for each vehicle.

Eligible Vehicle List	
Model	Model Year
<input type="checkbox"/> Ram 1500 EcoDiesel	<input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> 2016
<input type="checkbox"/> Jeep Grand Cherokee EcoDiesel	<input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> 2016

Please enter the Vehicle Identification Number ("VIN") of the Eligible Vehicle you selected above. *The VIN can be found on the dashboard of the vehicle and is 17 characters long.*

Be sure to write clear and neatly. To avoid confusion between letters and numbers, please enter numbers in the same form as the chart below.

Zero	One	Two	Three	Four	Five	Six	Seven	Eight	Nine
0	1	2	3	4	5	6	7	8	9

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Enter the 17-digit VIN Number in the boxes above**

**Status of Ownership or Lease**

Please select one of the following:

- I currently own the vehicle and did not purchase it from a lease.
- I currently own the vehicle and purchased it from a lease.
- I currently lease the vehicle.
- I previously owned the vehicle and no longer possess it.
- I previously leased the vehicle and no longer possess it.

**Dates of Ownership or Lease Period**

Please enter the date you purchased the vehicle or began leasing the vehicle (**MM/DD/YYYY**). If you purchased the vehicle from a lease, please enter the date of purchase.

/ /

If you still own or lease the vehicle, check here:

If you no longer own or lease the vehicle\*, please enter the date you sold the vehicle or the date you surrendered the vehicle due to your lease ending (**MM/DD/YYYY**):

/ /

*\*If your vehicle was totaled, enter the date the vehicle was transferred to an insurance company (or otherwise sold to a junkyard, salvage dealer, or the equivalent).*

**Additional Current Registered Owner or Lessee (if applicable)**

**First Name**

**Last Name**

**Contact Phone**

**SECTION C: SUPPORTING DOCUMENTATION**

You must include a copy of the following supporting documentation with your Claim Form to complete your claim:

IF YOU:	DOCUMENTS REQUIRED TO COMPLETE YOUR CLAIM*:
<b>Currently own the vehicle</b>	<ul style="list-style-type: none"> <li>• Your current vehicle registration</li> <li>• Your driver’s license or other government-issued photo identification</li> <li>• Proof that you purchased the vehicle and when (which may include your bill of sale, title, registration from time of purchase, DMV registration history, financing agreement, or insurance documentation listing your date of vehicle purchase)</li> </ul>
<b>Currently lease the vehicle</b>	<ul style="list-style-type: none"> <li>• Your current vehicle registration</li> <li>• Your driver’s license or other government-issued photo identification</li> <li>• Your lease agreement or proof of a monthly lease payment</li> </ul>
<b>Previously owned the vehicle</b>	<ul style="list-style-type: none"> <li>• Your driver’s license or other government-issued photo identification</li> <li>• Proof that you purchased the vehicle and when (which may include your bill of sale, title, registration from time of purchase, DMV registration history, financing agreement, or insurance documentation listing your date of vehicle purchase)</li> <li>• Proof of when you sold or transferred title to the vehicle (which may include a bill of sale, copy of title transfer, trade-in receipt, or insurance transfer document)</li> </ul>
<b>Previously leased the vehicle</b>	<ul style="list-style-type: none"> <li>• Your driver’s license or other government-issued photo identification</li> <li>• Proof of when your lease began (such as proof of first lease payment or lease agreement)</li> <li>• Proof of when your lease ended (such as a proof of final lease payment, lease termination agreement, or lease completion letter)</li> </ul>

\*You may need to provide additional documentation in certain circumstances. You will be notified if additional information is needed to complete your claim.

**SECTION D: CERTIFICATION STATEMENT FOR ENTIRE CLAIM FORM**

I affirm under penalty of perjury that all information in this Claim Form is true and accurate to the best of my knowledge.

**Signature**

**Date**

**Print Name**