

**In re: General Motors Ignition Switch Litigation, United States District Court  
for the Southern District of New York, Case No. 14-MD-2543 (JMF)**

**Attestation for Vehicle Owners/Lesseees  
Who No Longer Have Documentation of Repairs**

**USE THIS FORM IF YOU ARE A CURRENT OWNER/LESSEE OF  
A SUBJECT VEHICLE<sup>1</sup> AND COMPLETED THE RECALL REPAIR  
BEFORE THE FINAL RECALL REPAIR DATE BUT NO LONGER HAVE  
DOCUMENTATION OF THE REPAIR**

**Answer all the questions below**

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Vehicle Identification Number (VIN):	Make, Model, and Model Year of Vehicle:
<input type="text"/>	<input type="text"/>

Telephone Number:	Email Address:
<input type="text"/>	<input type="text"/>

Your Current Address (Number/Street/P.O. Box No.):

City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you lived at a different address when you owned or leased the vehicle than the current address provided above, please provide your address at the time you own(ed) or lease(d) the Subject Vehicle for which you are submitting a claim:

Your Prior Address (Number/Street/P.O. Box No.):

City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

<sup>1</sup> Capitalized terms shall have the meanings assigned to them in the Settlement Agreement, unless otherwise defined in this document.

To use this form, please check **each** box and provide the requested information below:

Check here if you are the Current Owner/Lessee of the Subject Vehicle; **and**

Check here if the Recall repair was completed by an authorized GM dealer before the Final Recall Repair Date; **and**

Check here if you no longer have documentation from your GM dealer showing the Recall repair was performed (such as the repair receipt).

Name of the GM Dealership where repair was done:

Address of the GM Dealership where repair was done (Number/Street/P.O. Box No.):

City:

State:

Zip Code:

Date of Repair (approximate date if exact date is not known) (Month/Day/Year):

### Attestation

I declare and affirm, under penalty of perjury under the laws of the United States, that the information in this Attestation Form is true and correct to the best of my knowledge, information and belief, and I have the authority to submit this Attestation Form. I understand that this form and my Settlement Claim Form may be subject to audit, verification and District Court review.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**IN ADDITION TO THIS ATTESTATION, YOU MUST FILE A SETTLEMENT CLAIM FORM**

Settlement Claim Forms must be electronically submitted or postmarked no later than April 20, 2021.

**Questions?** Visit [www.GMIgnitionSwitchEconomicSettlement.com](http://www.GMIgnitionSwitchEconomicSettlement.com) or call, toll-free, 1-877-545-0241.