

**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 Former Owners/Lessees of the Subject Vehicle¹
Who No Longer Have Documentation of the Sale or Return of the Subject Vehicle**

**USE THIS FORM IF YOU ARE NO LONGER IN POSSESSION
OR CONTROL OF THE SUBJECT VEHICLE AND NO
LONGER HAVE DOCUMENTATION OF ITS SALE OR TRANSFER**

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"/>

¹ 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 to confirm the below:

Confirm you no longer have possession or control of the Subject Vehicle; **and**

Confirm you no longer have documentation showing that you sold, returned or otherwise transferred the Subject Vehicle to someone else (such as the bill of sale, lease termination paperwork, insurance company documents, or tow truck invoice).

Check **one** of the following boxes

The Subject Vehicle was sold.

Name of the person or entity to whom you sold the Subject Vehicle: _____

Address where the sale occurred: _____

Date you sold the Subject Vehicle (approximate date if the exact date is not known):

(Month/Day/Year)

The Subject Vehicle was leased, the lease terminated, and the vehicle was returned to the dealer.

Name of the person or entity from whom you leased the Subject Vehicle: _____

Address where the Subject Vehicle was returned: _____

Date you returned the Subject Vehicle (approximate date if the exact date is not known):

(Month/Day/Year)

You do not currently have possession or control of the Subject Vehicle for another reason.

Please explain how the Subject Vehicle left your possession or control:

Name of the person or entity to whom you gave the Subject Vehicle: _____

Date you gave the Subject Vehicle to someone else (approximate date if the 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 or call, toll-free, 1-877-545-0241.