CLAIM FORM

READ THIS ENTIRE DOCUMENT CAREFULLY. IT AFFECTS YOUR LEGAL RIGHTS. IT ALSO PROVIDES DEADLINES THAT YOU MUST MEET.

I. Introduction

You may have received by mail or have read a published Notice Of Pendency Of Class Action, Proposed Settlement And Final Approval Hearing ("Notice"). The Notice describes a proposed settlement ("Settlement") of a lawsuit on behalf of a class of persons and entities (the "Class") that may include you.

II. To Participate In The Settlement

If you are a member of the Class, either an organization or an individual, and you wish to **PARTICIPATE** in the Settlement, you must complete the following boxes that apply to you (four boxes for individual purchasers or one box for organizational purchasers) and mail or fax the Claim Form by April 11, 2005 to:

Point Blank Body Armor, Inc. Claims Administrator PO Box 5053 Portland, OR 97208-5053 Telephone: 1(866) 778-1150 Facsimile: (503) 350-5890

<u>Individual Purchasers</u> (Please complete the following four boxes to the best of your ability)

Name: Image: Image													
Position or Title:													
Address1:													
Address2:													
City: Zip:													
Country if not US:													
This should be a personal MAILING ADDRESS so we may contact you in the future.													
Agency Name:													
Address1:													
Address2:													
City: State:													
Country if not US:													
Phone: Fax:													
This Agency Address is OHeadquarters OBranch/Field Office NO PO BOXES - Requires a FedEx shipping address.													
Work Phone:													
Home Phone: – Gender: OMale OFemale													
Cell Phone:													
Best time to call: OMorning OAfternoon OEvening I Prefer E-mail													
Best Days to Call (Check all that apply): OMonday OTuesday OWednesday OThursday OFriday OSaturday													
Work E-Mail:													
Personal E-Mail: Image: Contract of the second													
Personal E-Mail:													
CONFIDENTIALITY: We respect your need for privacy and confidentiality. We are collecting your contact information solely to													
CONFIDENTIALITY: We respect your need for privacy and confidentiality. We are collecting your contact information solely to facilitate the prompt handling of your claim. NIJ Threat Level: IIA II IIIA Model Number Style Number Serial Number Size Male/Female													
CONFIDENTIALITY: We respect your need for privacy and confidentiality. We are collecting your contact information solely to facilitate the prompt handling of your claim. NIJ Threat Level: IIA II IIIA													

Organization Purchasers (Please complete the following box)

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Number of vests Purchased?																																	
Conta	ct Person:	First															M.I.		Last														
Positio	on or Title:																	Ba	dge	/ID	No.	:											
Work	Phone:			- [			]-[					]	Ext	:. [																			
I/our organization elect to exchange my/our current Vest(s) for: (check one below)																																	
1. Hi-Lite Pro Plus – Level II (non-Zylon) 2. Hi-Lite Pro Plus – Level IIIA (non-Zylon)																																	
Note: If your original Vest is a level IIA or II you may select a level IIIA at no additional cost. Please provide a detailed list of the																																	
vest(s) being replaced. Include the Front Panel model and style number, Back Panel model and style number and whether it is a male or female yest. If you are an organization that purchased more than one Vest and want to exchange those Vests for more than																																	
one type of Replacement Vest, please write the number of and vest types (Male/Female) of each Replacement Vests you want, rather than placing a check, and the Claims Administrator will contact you.]																																	
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If you are	III. To Exclude Yourself From The Settlement If you are a member of the Class and you wish to EXCLUDE yourself from the Settlement, you must complete the following section																																
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Claims Administrator PO Box 5053 Portland, OR 97208-5053																																	
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201 S.E. 6th Street Fort Lauderdale, Florida 33301																																	
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For additional information or questions you may contact the Claims Administrator at the address listed above, by calling 1-866-778- 1150, or visit www.pointblankarmor.com.																																	
Print Name																																	
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Date

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