

# CLASS MEMBER DECLARATION

*Clifford L. Whitaker et al. v. 3M Company*

FOR OFFICIAL USE ONLY

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NAME  
ADDRESS  
CITY STATE ZIP

You, <<NAME>>, have been identified as a Class Member potentially eligible to receive monetary relief under the settlement of *Clifford L. Whitaker et al. v. 3M Company*, Court File No. 62-C4-04-012239. In order to be eligible to receive a monetary payment, you must complete, execute and timely return this form. If you are confirmed as an eligible Settlement Class Member, a Notice of Award, Claim Form and Settlement Class Member Release will be sent to you in a future mailing, which you must sign and return in order to receive a monetary award.

The amount you will receive, which will appear on the Notice of Award, Claim Form and Settlement Class Member Release, will be determined by a formula that takes into consideration your compensation and job grade as a 3M employee and whether you were promoted, demoted, or terminated as a 3M employee during the relevant time period, as set forth in the Notice. If you are confirmed as eligible to receive an award, your minimum payment will be \$75.

Your identity and the information you provide on this form shall not be shared with anyone other than the Claims Administrator for this case and select personnel from 3M's legal, tax, finance, and payroll functions, on a need-to-know basis.

**YOU MUST ANSWER ALL QUESTIONS, SIGN AND RETURN THIS FORM NO LATER THAN SEPTEMBER 19, 2011 AS INDICATED BY THE POSTMARK ON THE ENVELOPE.**

## I. INFORMATION ABOUT YOUR CLAIM

1.	Do you believe that your compensation as an employee of 3M was adversely affected because of your age?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<i>If YES, identify the year(s) in which you believe your compensation was adversely affected because of your age. (Note: Only years in which you were age 46 or older during the period from May 10, 2003 to December 31, 2010 qualify.)</i>	_____ - _____
2.	Do you believe that you were denied one or more promotions as an employee of 3M because of your age at any time when you were age 46 or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Were you involuntarily demoted by 3M when you were age 46 or older during the period May 10, 2003 to December 31, 2010?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<i>If YES, identify the position(s) to which you were demoted and the approximate date(s):</i>	Position: _____ Date(s): _____ / _____ / _____  Position: _____ Date(s): _____ / _____ / _____
4.	If you were involuntarily demoted, do you believe that your demotion(s) was (or were) based on your age?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE



5.	Was your employment involuntarily terminated by 3M when you were age 46 or older during the period May 10, 2003 to December 31, 2010?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<i>If YES, identify the approximate date:</i>	____ / ____ / ____
6.	If your employment was involuntarily terminated, were you offered a severance payment upon your termination in exchange for a release of claims against 3M?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE
	<i>If YES, did you:</i>	
	Sign the release of claims and receive the severance payment?	<input type="checkbox"/>
	Refuse to sign the release of claims and refuse to accept the severance payment?	<input type="checkbox"/>
	File a charge of discrimination in connection with your termination of employment with any administrative agency?	<input type="checkbox"/>
7.	If your employment was involuntarily terminated, do you believe that your termination was based on your age?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE

**II. CONTACT AND DEMOGRAPHIC INFORMATION**

3M's records show the following information concerning you:

<b>Full name:</b>	<<NAME>>
<b>Current Address:</b>	<<ADDRESS>> <<CITY>> <<STATE>> <<ZIP>>
<b>Current Telephone Number:</b>	<<NUMBER>>

Check one:

- My contact and demographic information is correct.
- My contact and demographic information should be corrected as follows:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

(Please indicate anticipated changes to any information set forth above on or before September 19, 2011).

**III. CERTIFICATION AND SIGNATURE**

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING RESPONSES IN SECTION I, INFORMATION ABOUT YOUR CLAIM, ARE TRUE AND CORRECT.

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNATURE: \_\_\_\_\_

Return to the Claims Administrator at the address below postmarked on or before September 19, 2011:

3M Settlement  
c/o Rust Consulting, Inc.  
Claims Administrator  
PO Box 2513  
Faribault, MN 55021-9513

