

**Fuller Austin Asbestos Settlement Trust**  
**3967 Princeton Pike**  
**Princeton, NJ 08540**  
[www.fulleraustin.org](http://www.fulleraustin.org)

### **Law Firm Registration Form**

In an effort to improve both accuracy and efficiency, the Trust requires that the Law Firm submitting claims provide the information requested in the Law Firm Registration process.

#### **Validation Process**

After submission of the Law Firm Registration Form, the Fuller-Austin Asbestos Settlement Trust will take such actions as it, in its sole discretion, deems appropriate to verify that the registering law firm has provided correct information, and is entitled to submit claims to Fuller-Austin Asbestos Settlement Trust on behalf of claimants.

Each Law Firm must choose a Law Firm Code that will be used to identify the Law Firm.

#### **Obtaining your Law Firm Code**

The Law Firm Code may be obtained by either completing this form or by providing the required information online through our web site at [www.fulleraustrintrust.org](http://www.fulleraustrintrust.org). Should you have questions regarding either process, please email [trustsupport@verusllc.com](mailto:trustsupport@verusllc.com). Completed forms should be mailed to 3967 Princeton Pike, Princeton, NJ 08540.

It is suggested that a Law Firm Code be chosen so it can be easily remembered. Once your Law Firm Code has been obtained, it should be used when communicating claims' information to the Facility. This will enable us to properly link submitted claims to your Law Firm, which will in turn permit us to customize communications and reports, and process claims quickly, accurately, and efficiently.

After your registration is validated, you will receive an email confirming your registration. After your registration has been confirmed, you will receive an email with a link to establish a password for the Website. Additional law firm locations and additional users may be established under the Admin tab on the Fuller Austin Website.

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**Law Firm Registration Form**

Law Firm Code\* \_\_\_\_\_

(All codes and passwords must be at least 5 and not more than 10 characters in length. Use only letters and numbers. The Law Firm Code is restricted to UPPER CASE letters only.)

Law Firm Name\*: \_\_\_\_\_

EIN Number (IRS Form W-9 must be attached)\*: \_\_\_\_\_

Attention: \_\_\_\_\_

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

\_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_ Country: \_\_\_\_\_

**Optional-Shipping Address if different from Law Firm Address above:**

Attention: \_\_\_\_\_

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

\_\_\_\_\_

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

**Optional-Payment Mailing Address if different from Law Firm Address above:**

Attention: \_\_\_\_\_

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

\_\_\_\_\_

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

**Attorney Information:**

Login ID\*: \_\_\_\_\_

Attorney Name\*: \_\_\_\_\_

E-mail Address\*: \_\_\_\_\_

Phone Number\*: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**Contact Information:**

Login ID\*: \_\_\_\_\_

Contact Name\*: \_\_\_\_\_

E-mail Address\*: \_\_\_\_\_

Phone Number\*: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

\* Indicates a required field