

Organization Purchasers
(Please complete the following box)

Agency Name:																															
Address1:																															
Address2:																															
City:																					State:										
Country if not US:																															
Phone:	[]-[]-[]			Fax:	[]-[]-[]																										
This Agency Address is:	<input type="radio"/> Headquarters		<input type="radio"/> Branch/Field Office																												
NO PO BOXES - Requires a FedEx shipping address.																															
Number of vests Purchased?	[]																														
Contact Person:	[]															M.I.	[]														
	First																Last														
Position or Title:	[]															Badge/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) | _____ |
| 3. Legacy – Level II (Zylon hybrid) | _____ | 4. Legacy – Level IIIA (Zylon hybrid) | _____ |

[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 vest. 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.]

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 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

- A. I/our organization does **NOT** have Point Blank Legacy Premier or Galls Zylon/Platinum vests. _____ (check)
- B. I/our our organization does **NOT** want to participate in the Settlement. _____ (check)
- C. I/our organization understands that by electing **NOT** to participate in the Settlement, I/it will receive no benefits from the Settlement. I/our organization also understands that my/its legal rights against Defendant will NOT be released and extinguished and that I/it will have to pursue my/its remedies on my/its own, at my/its own cost and expense.

IV. To Object To The Settlement

If you wish to **OBJECT** to the Settlement or to the application by Plaintiffs' Counsel for an award of attorneys' fees and expenses, then you must state your objection in writing and mail it by April 11, 2005 to:

Office of Clerk of Court
Circuit Court of Broward County
201 S.E. 6th Street
Fort Lauderdale, Florida 33301

AND PROVIDE A COPY TO

Carr, Tabb, Pope & Freeman, LLP
10 North Parkway Square
4200 Northside Parkway, NW
Atlanta, Georgia 30327

V. For Additional Information

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

Signature

Date