

AHP Settlement Trust – Counsel Certification Form

Information for Partial Refund of Amounts Previously Withheld from Primary Counsel

NAME OF ATTORNEY/FIRM: _____ **CLAIM NUMBER:** _____

ADDRESS: _____

DIRECTIONS: Primary counsel who may be entitled to receive attorneys' fees previously withheld are required to provide this Certification in order to determine whether counsel is entitled to receive the payment of the partial refund ("Payment") and whether there are any liens on or other claims against the Additional Payment.

The Trust cannot complete the processing of a Payment until this form is properly completed and returned.

PART I: AUTHORIZED PRIMARY COUNSEL

The attorney or firm named above ("Counsel") is listed on the books and records of the Trust as Primary Counsel with respect to the claim number referenced above (the "Claim"). **Please check the appropriate box below:**

Counsel is, as of the date on which this Form is executed, Primary Counsel with respect to the Claim and authorized to receive the Payment. Counsel represents that s/he previously was awarded fees in the above matrix claim from which an amount was withheld for Class Counsel fees. The Payment will be made to Counsel exactly as named above. If Counsel's address has changed, the new address is: _____ **(Proceed to Part II)**

Counsel is not, as of the date on which this Form is executed, Primary Counsel with respect to the Claim and/or is not authorized to receive the Payment. (Complete 1, 2 or 3 below.)

1. Counsel's legal name has changed to: _____
Enclosed is legal evidence on the name change. If the name change is the result of a merger or acquisition, include legal documentation showing that Counsel's rights to the Claim were transferred. Proceed to Part II.

2. Counsel named above is no longer Primary Counsel with respect to the Claim. Primary Counsel is (provide name and address if known and proceed to Part III):

3. Counsel is not authorized to receive the Payment for the following reasons (attach additional sheets if necessary and proceed to Part III): _____

PART II: ASSERTED CLAIMS

Has any attorney, law firm or other third party asserted a lien or claim with respect to any payment of attorneys' fees or costs to Counsel related to the Claim, which lien or claim is currently unresolved? (Please check the appropriate box below and proceed to Part III.)

- YES (If YES, attach a separate sheet stating the name and address of each person or entity asserting a lien or claim, the amount of the claim and whether Counsel contests the lien or claim.)**
- NO**

PART III: CERTIFICATION

Certification of Counsel (All Forms Must Be Signed)

The person(s) signing below acknowledges and understands that this form and any attachments to it are official documents sanctioned by the United States District Court for the Eastern District of Pennsylvania which presides over the Nationwide Class Action Settlement Agreement with American Home Products Corporation, and submitting it to the AHP Settlement Trust is equivalent to filing it with the Court.

The undersigned acknowledges and agrees that any Payment with respect to the Claim will be paid to Primary Counsel and that the Trust is not responsible for paying any portion of the Payment to any other attorney, law firm or third party who may have a right to the Payment pursuant to a fee agreement or otherwise, regardless of whether the Trust has knowledge of such fee sharing arrangement. To the extent that the Payment is paid to or on behalf of the undersigned, the undersigned hereby indemnifies and holds harmless the Trust from any claim by any third party against the Payment.

The undersigned declares under penalty of perjury that all of the information provided in this form and any attachments is true and correct to the best of his/her knowledge, information and belief.

Signature **and** printed name (and, if applicable, title) of Counsel

Date

Exhibit 7 (page 2 of (2))