REIMBURSEMENT PLAN

Requirements for Reimbursement

If you meet **all** of the following requirements, you are eligible to receive reimbursement under this plan:

- 1. You own or have owned one of the following vehicles:
 - 1989-1998 MPV
 - 1990-1995 323
 - 1990-1998 Protegé
 - 1992-1993 MX-3

- 1993-1998 626
- 1993-1997 MX-6
- 1993-1995 929
- 2. You have paid for electrical ignition switch repair or replacement due to defect with the switch, prior to launch of the safety recall 8715J.
- 3. You have an original or legible copy of the paid repair order or invoice receipt showing:
 - Vehicle model and year, and vehicle identification number (VIN)
 - Your name and address at the time of repair
 - Description of the concern reported
 - Ignition switch repair or replacement
- 4. Mail this reimbursement application form with the applicable payment receipts in the enclosed envelope to:

Mazda North American Operations Attn: Recall Reimbursement Dept P.O. Box 57085 Irvine, CA 92619-7085

Procedure for Reimbursement Request

If your vehicle has had the electrical ignition switch repaired or replaced, due to defect with the switch, prior to the launch of safety recall 8715J, you may apply for reimbursement by doing the following:

- 1. Complete the Reimbursement Application Form found on the reverse side of this page.
- 2. Once your vehicle has been repaired according to the recall instructions, mail the Reimbursement Application Form with a <u>legible</u> copy of the paid repair order and/or invoice using the enclosed envelope. <u>Include any applicable</u> payment receipts, i.e. credit card receipt, cancelled check, etc.
- 3. Retain copies of the paid repair order or invoice and this application form for your records.
- 4. You will be reimbursed for the amount you have paid for electrical ignition switch repair or replacement only. Reimbursement does not include the ignition lock assembly and key set.

If you wish to correspond with Mazda regarding this reimbursement plan, please write to the above address and refer to your vehicle identification number (VIN).

Any reimbursement application form that is incomplete, illegible, or sent without the legible copy of the paid repair order or invoice will be returned for completion. If Mazda has any questions concerning your application for reimbursement, you may be contacted. Please allow 6-8 weeks for processing.

REIMBURSEMENT APPLICATION FORM

Name:				
	First	Middle	Last	
Address:				
	Street A	ddress		
		1 1		
	City	State	Zip Code	
	Home:			
Phone Number:	Work:			
Email:				
Vehicle Identification	Number (VIN):			
		(17 digits in length)	
Total Amount of Reir	mbursement Requeste	d:	·	
		Dollars	Cents	
INST	RUCTIONS FOR GE	NERAL RELEASE DE	SCRIBED BELOW:	
		read thoroughly		
	- Fillio yr	hicle identification num	abar	

1989-1998 MPV, 1990-1995 323, 1990-1998 Protegé, 1992-1993 MX-3 1993-1998 626, 1993-1997 MX-6, 1993-1995 929 Ignition Switch May Overheat - Safety Recall 8715J

General Release

I am submitting to Mazda Motor Corporation ("Mazda") a claim for reimbursement for repair or replacement of the electrical ignition switch performed to date. The vehicle identification number (VIN) is:

VIN: _____

In exchange for Mazda's payment of that claim, I hereby release Mazda, its agents, and its related entities from all claims for such inspection/repair costs. This release shall benefit Mazda and its authorized agent Mazda North American Operations, its regions/distributors (foreign and domestic), its authorized dealerships, and all their respective directors, officers, agents, employees, divisions, subsidiaries, and affiliated companies. This release shall bind my heirs, successors and assigns.

Dated:

Signed:

(SEE REVERSE SIDE FOR REIMBURSEMENT PLAN DETAILS)