

REIMBURSEMENT PLAN

Requirements for Reimbursement

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

1. You own or have owned a 2008-2009 MAZDA3 or MAZDASPEED3 vehicle built between January 7, 2008 and November 28, 2008.
2. You have paid for the inspection, repair or replacement of the windshield wiper motor due to a bend on the wiper motor ground terminal.
3. You have an original or legible copy of the paid repair order or invoice receipt showing:
 - Description of the concern reported
 - Inspection, repair or replacement of the windshield wiper motor due to a bend on the wiper motor ground terminal
 - Vehicle model and year, and vehicle identification number (VIN)
 - Your name and address at the time of repair
4. Mail this reimbursement application form 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

Once your vehicle has had the windshield wiper motor inspected, repaired or replaced by an authorized Mazda dealer due to a bend on the wiper motor ground terminal, you may apply for reimbursement by doing the following:

1. Complete the Reimbursement Application Form found on the reverse side of this page.
2. Mail the Reimbursement Application Form with a legible copy of the paid repair order and/or invoice using the enclosed envelope.
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 the inspection, repair or replacement of the windshield wiper motor due to a bend on the wiper motor ground terminal.

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

2008-2009 MAZDA3 and MAZDASPEED3 Windshield Wiper Motor Voluntary Safety Recall 6411F

(Please type or print)	
Name:	<div style="display: flex; justify-content: space-around;">FirstMiddleLast</div>
Address:	<p align="center">Street Address</p>
	<div style="display: flex; justify-content: space-around;">CityStateZip Code</div>
Phone Number:	Home:
	Work:
Vehicle Identification Number (VIN):	<p align="center">(17 digits in length)</p>
Total Amount of Reimbursement Requested:	<p align="center">. </p> <div style="display: flex; justify-content: space-around;">DollarsCents</div>

<p>INSTRUCTIONS FOR GENERAL RELEASE DESCRIBED BELOW:</p> <ul style="list-style-type: none">• Please read thoroughly• Fill in vehicle identification number• Sign the General Release (below)

General Release

I am submitting to Mazda Motor Corporation ("Mazda") a claim for reimbursement for all inspection, repair or replacement of the windshield wiper motor performed to date in connection with a bend on the wiper motor ground terminal. 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: _____