

Bosch Settlement Third Party Authorization Form – Limited Power of Attorney (Page 1 of 3)

The undersigned hereby appoints _____ to
[INDIVIDUAL BEING AUTHORIZED TO ACT ON BEHALF OF BOSCH SETTLEMENT CLASS MEMBER]
act on behalf of _____ for the limited purpose of
[BOSCH SETTLEMENT CLASS MEMBER]
submitting a claim under the Bosch Settlement.

This Authorization and Limited Power of Attorney takes effect on the date signed, and shall continue until the earlier of the following: (i) a Bosch Settlement payment related to the Bosch Settlement Claim, or an automatic Bosch Settlement payment, associated with the vehicle listed below, has been issued and negotiated, or (ii) the undersigned terminates it in writing and Robert Bosch GmbH and Robert Bosch, LLC (“Bosch”) receive notice of the revocation. Any termination of this Authorization and Limited Power of Attorney pursuant to (ii) above shall not be effective to Bosch until Bosch has actual knowledge of the revocation. This Authorization and Limited Power of Attorney shall terminate immediately if _____ dies, becomes incapacitated, or ceases to
[BOSCH SETTLEMENT CLASS MEMBER]
exist.

The undersigned agrees that Bosch, Epiq Class Action & Claims Solutions, Inc. (the “Bosch Settlement Claims Administrator”), and the lawyers appointed by the Court as the Settlement Class Counsel in the Bosch Settlement may act under this Power of Attorney. Bosch, the Bosch Settlement Claims Administrator, and the Settlement Class Counsel may seek identification of the individual appointed attorney-in-fact and agent under this Power of Attorney. The undersigned agrees to indemnify and hold harmless Bosch for any claims that arise against Bosch because of reliance on this Power of Attorney.

(Continued on next page)

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Dated: _____

By (signature): _____

Printed Name of Bosch Settlement Class Member (individual or entity¹):

Attestation

The following two witnesses OR Notary Public witnessed the execution of this document.

Dated: _____

By (signature): _____

Printed Name of Witness #1:

Dated: _____

By (signature): _____

Printed Name of Witness #2:

OR

¹ Note: If Power of Attorney is for an entity, the name of the entity and the name of the individual authorized to act on behalf of the Bosch Settlement Class Member must match Proof of Entity document and Government Issued ID provided.

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STATE OF _____, COUNTY OF _____

I, _____, a Notary Public in and for said County in the State
aforesaid, do hereby certify that _____, who

is personally known to me

– OR –

proved to me on the basis of satisfactory evidence, which was _____,
[TYPE OF ID]

to be the same person whose name is subscribed to the foregoing instrument, which was a Limited Power
of Attorney Authorization in the Bosch Settlement dated on _____ and containing
[DATE]
_____ pages, appeared before me on _____ in person and acknowledged that
[DATE]
they signed, sealed, and delivered the same instrument as their free and voluntary act for the uses and
purposes therein set forth.

My seal:

[SIGNATURE OF NOTARY PUBLIC]

[PRINTED NAME OF NOTARY PUBLIC]

[NOTARY COMMISSION EXPIRATION DATE]