

**Sony 2004 GRAND WEGA TV Optical Block Program Claim Form**

Please use this claim to submit for reimbursement of out-of-pocket television optical block repair costs on covered models -- KDF-42WE655, KDF-50WE655, KDF-55WF655, KDF-60WF655, KDF-55XS955, KDF-60XS955, KF-42WE620, or KF-50WE620 model Sony Grand Wega Televisions -- where such optical block repairs resolved blue dot or star patterns on the screen.

**You must provide BOTH a copy of your purchase receipt of qualifying TV model and optical block service receipt dated on or before August 31, 2007.**

Incomplete information or claims will not be processed. For check delivery by mail, please allow 8-10 weeks following Sony's receipt of properly completed claim. Replacement of rear projection lamps, optical block issues other than the blue dot/star pattern issues, or other parts are not covered by this program. All submissions must be postmarked no later than January 31, 2008. Offer limited to U.S. resident end users who paid out-of-pocket fees for optical block estimates and/or repairs and is limited to costs of optical block and labor expenses to replace it. Submitted materials become Sony property and will not be returned. Delivery to P.O. Boxes will not be accepted. Sony reserves the right to request additional information to validate a claim, making it subject to U.S. postal regulations. In consideration for Sony making this offer and by your claim submission, you agree to release Sony Electronics Inc., and its affiliates from any and all claims for damages, loss, cost, expense or liability both known and unknown, which you may have incurred in connection with the blue dot /star pattern or similar issue associated with the optical block of your affected television set.

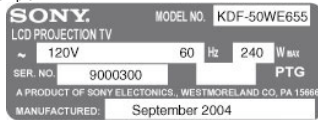
Offer available to end user consumers only and is not transferable. Offer is not available to providers, obligors, underwriters, or administrators of performance service plans, buyer protection plans, or other warranty or extended warranty programs. This offer is not part of the Sony limited warranty and all other terms of the Sony limited warranty continue to apply.

**Customer Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**TV Model Information**

Sony TV Model Number: \_\_\_\_\_  
 Sony Serial Number (located on the back of the TV): \_\_\_\_\_  
 Example:



Date of Purchase: \_\_\_\_\_ Retailer Where Purchased: \_\_\_\_\_

**Service Information**

Name of Servicer: \_\_\_\_\_  
 Date of Service: \_\_\_\_\_  
 Cost of Repair/Service Evaluation (dollars): \_\_\_\_\_  
 Evaluation fee: \$ \_\_\_\_\_  
 Parts: \$ \_\_\_\_\_  
 Labor: \$ \_\_\_\_\_  
**Total: \$ \_\_\_\_\_**  
 Description of Repair / Other Information: \_\_\_\_\_

I do not wish to receive information from Sony about products, services, premium programs, contests and offerings that may be of interest to me.

You must include (both dated on or before August 31, 2007):

- (1) Copy of Purchase Receipt
- (2) Copy of Service Receipt
- (3) This Completed Form

**CLAIM FORM SUBMISSION MUST BE POSTMARKED BY JANUARY 31, 2008**

Mail this completed form to:

Sony Electronics Inc.  
 Attn: NSPB TV Program  
 12451 Gateway Boulevard  
 Fort Myers, FL 33913

For questions, please call (888) 649-7669.