

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

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| <i>In re</i> | : | Chapter 11 Case No. |
| | : | |
| ARMSTRONG WORLD INDUSTRIES, INC., <i>et al.</i> , | : | 00-4471 (RJN) |
| | : | |
| | : | |
| Debtors. | : | (Jointly Administered) |
| -----X | : | |

**BALLOT FOR ACCEPTING OR REJECTING
ARMSTRONG WORLD INDUSTRIES, INC.'S PLAN OF REORGANIZATION
FOR INDIVIDUAL HOLDERS OF CLASS 7 ASBESTOS PERSONAL INJURY CLAIMS**

Armstrong World Industries, Inc. ("AWI"), as debtor in possession, is soliciting votes with respect to the Plan of Reorganization of Armstrong World Industries, Inc., dated November 4, 2002 (the "Plan"), from the holders of certain impaired claims against and interests in AWI.

On [_____] , 2003, the United States Bankruptcy Court for the District of Delaware signed an order that establishes certain procedures (the "*Voting Procedures*") for the solicitation and tabulation of votes to accept or reject the Plan. The Voting Procedures are annexed as Exhibit "D" to the Disclosure Statement, which accompanies this Ballot. If you have any questions on how to properly complete this Ballot, please call Innisfree M&A Incorporated toll-free at (877) 750-2689.

This Ballot is to be used for voting by individual holders of Class 7 Asbestos Personal Claims only. In order for your vote to be counted, the Ballot must be properly completed, signed, and returned so that it is RECEIVED by Trumbull Services, LLC (the "*Voting Agent*"), Attn: Armstrong World Industries, Inc., (by mail: P.O. Box 1117, Windsor, Connecticut 06095; by hand delivery or overnight courier: 4 Griffin Road North, Windsor, Connecticut 06095), by 5:00 p.m. Wilmington, Delaware time on [_____] , 2003, unless such time is extended by AWI (the "*Voting Deadline*").

If you are an individual and intend for your counsel to vote your claim on a Master Ballot, then please return the completed Ballot to your counsel or arrange with your counsel to vote on your behalf well in advance of the Voting Deadline so that your vote may be included on a Master Ballot before the Voting Deadline.

PLEASE COMPLETE THE FOLLOWING:

Item 1. AMOUNT OF CLAIM. For purposes of voting to accept or reject the Plan, the undersigned holds a Class 7 Asbestos Personal Injury Claim against AWI based on one of the following eight types of disease. Please check the appropriate basis for your claim. **Check one box only.**

- The basis for the claim is **MESOTHELIOMA**. Requires (1) diagnosis of mesothelioma, and (2) credible evidence of AWI Exposure.*
- The basis for the claim is **LUNG CANCER 1**. Requires (1) diagnosis of a primary lung cancer plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months AWI Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.
- The basis for the claim is **LUNG CANCER 2**. Requires (1) diagnosis of a primary lung cancer, (2) AWI Exposure prior to December 31, 1982, and (3) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question. Lung Cancer 2 claims are claims that do not meet the more stringent medical and/or exposure requirements of Lung Cancer 1 claims. All claims in this Disease Level will be individually evaluated.
- The basis for the claim is **OTHER CANCER**. Requires (1) diagnosis of a primary colo-rectal, laryngeal, esophageal, pharyngeal, or stomach cancer, plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months AWI Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the other cancer in question.
- The basis for the claim is **SEVERE ASBESTOSIS**. Requires (1) diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestos, plus (a) TLC less than 65%, or (b) FVC less than 65% and FEV1/FVC ratio greater than 65%, (2) six months AWI Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.
- The basis for the claim is **ASBESTOSIS/PLEURAL DISEASE (LEVEL III)**. Requires (1) diagnosis of asbestosis with ILO of 1/0 or greater or asbestosis determined by pathology, or bilateral pleural disease of B2 or greater, plus (a) TLC less than 80%, or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%, and (2)

* All capitalized terms used herein to describe the criteria for establishing particular claims have the meaning ascribed to such terms in the Asbestos Personal Injury Settlement Trust Distribution Procedures, annexed as Exhibit “_” to the Plan.

six months AWI Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

The basis for the claim is **ASBESTOSIS/PLEURAL DISEASE (LEVEL II)**. Requires (1) diagnosis of a Bilateral Asbestos-Related Nonmalignant Disease, (2) six months AWI Exposure prior to December 31, 1982, and (3) five years cumulative occupational exposure to asbestos.

The basis for the claim is **OTHER ASBESTOSIS DISEASE**. Requires (1) diagnosis of a Bilateral Asbestos- Related Nonmalignant Disease or an asbestos-related malignancy, and (2) AWI Exposure prior to December 31, 1982.

Item 2. VOTE ON THE PLAN. The undersigned holder of a Class 7 Asbestos Personal Injury Claim in the amount set forth in Item 1 above hereby votes to:

Check one box: Accept the Plan

Reject the Plan

Item 3. ACKNOWLEDGEMENTS AND CERTIFICATION. By signing this Ballot, the undersigned acknowledges that the undersigned has been provided with a copy of the Disclosure Statement, including all exhibits thereto. The undersigned certifies that (i) it is the holder of the Class 7 Asbestos Personal Injury Claim identified in Item 1 above and (ii) it has full power and authority to vote to accept or reject the Plan.

Print or Type Name of Claimant: _____

Social Security or Federal Tax I D. No. of Claimant: _____

Signature: _____

Name of signatory (if different than claimant): _____

If by Authorized Agent, Title of Agent: _____

Street Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Date Completed: _____