



September 11th Victim Compensation Fund of 2001
Compensation Form for Deceased Victims
Part I - Eligibility and Application for Advance Benefits

Victim's SSN or Nat'l ID #

____ - ____ - _____

Personal Representative's SSN or Nat'l ID #

____ - ____ - _____

PLEASE COMPLETE THIS FORM BY TYPING OR PRINTING IN CAPITAL LETTERS

If you have previously submitted an *Eligibility Form and Application for Advance Benefits*, please enter your Claim Number here [Claim # _____] and proceed directly to Part II.

Part I. a - General Victim Information as of September 11, 2001

Victim's Last Name

First Name

Middle Name

Street Address Line 1

Street Address Line 2

Apartment Number

City

State/Province

ZIP/Postal Code

Country

Passport Country (if not U.S.)

Passport Number (if not U.S.)

Country of Citizenship

Victim's Date of Birth (mm/dd/yyyy)

Status of Victim at time of death:

- Married Separated
- Single Widowed
- Divorced Other - please explain: _____



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SSN input boxes: [][][] - [][] - [][][][][]

Personal Representative's SSN or Nat'l ID #

SSN input boxes: [][][] - [][] - [][][][][]

Part I. b - Information about Victim's Circumstances on September 11, 2001

Location of the Victim at time of the terrorist related airplane crashes or resulting building collapses (choose one)

Aircraft (please check one) AA11 AA77 UA93 UA175

Pentagon

World Trade Center

Public Street near WTC (Please provide address/cross-streets)

Address input lines for Public Street near WTC

Other

Address input lines for Other

Date and Time of Victim's death (you need to complete only if death occurred after the morning of September 11, 2001)

Date (mm/dd/yyyy) input boxes

Time (hour) input boxes and A.M./P.M. checkboxes

Was the Victim a rescue worker? Yes [] No []

Part I. c - Information about the Personal Representative

The Personal Representative is the only person who can submit a claim to the Victim Compensation Fund for a deceased Victim. To be a Personal Representative, you generally must be appointed by a court as (a) the Personal Representative, (b) the Executor of the Victim's will, or (c) the Administrator of the estate. In some limited instances, where a court has not made such an appointment and such issue is not the subject of a pending dispute, the Special Master may appoint a Personal Representative for the Fund.

- I have been appointed by a court as (a) the Personal Representative, (b) the Executor of the Victim's will, or (c) the Administrator of the Victim's estate. (Please attach original court order or Letter of Administration)
I understand that in most cases the Personal Representative should be the individual already appointed by a court, but I have been unable to be appointed Personal Representative, Executor, or Administrator by a court and hereby request that the Special Master appoint me as Personal Representative for this fund. Please describe below why you have been unable to be appointed as Personal Representative. Also, please attach a certified copy of the Victim's will (if one exists) showing you are named executor, as well as relevant filings. If no will exists, attach (a) relevant proof of your relationship to the Victim and (b) proof that you are the first person in line of succession under the laws of intestacy in the Victim's domicile:

Horizontal lines for providing details on appointment request

Are you aware of anyone else who has been named Executor of the Victim's will or who has been appointed or has applied to be appointed as (a) the Personal Representative, (b) the Executor of the Victim's will, or (c) the Administrator of the Victim's estate? Yes [] No []

If yes, please explain _____



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____ - ____ - _____

Personal Representative's SSN or Nat'l ID #

____ - ____ - _____

Personal Representative's Last Name

First Name

Middle Name

Street Address Line 1

Street Address Line 2

Apartment Number

City

State/Province

Zip/Postal Code

Country

Telephone Number (day)

Telephone Number (evening)

Date of Birth (mm/dd/yyyy)

Country of Citizenship

Personal Representative's Relationship to Victim (please check one)

- Spouse
- Parent
- Child
- Sibling
- Ex-Spouse
- Step-Parent
- Guardian
- Attorney
- Other _____

Part I. d - Information about the Personal Representative's Attorney or Other Authorized Individual

If an attorney or other authorized individual is assisting the Personal Representative with this claim, please check the applicable box and fill out the information below:

- Attorney
- Other Individual
- If other, explain _____

Last Name

First Name

Middle Name

Firm Name (for attorneys only)

Street Address Line 1

Street Address Line 2

Suite/Apt. Number

City

State/Province

Zip/Postal Code

Country

Telephone

May we discuss your claim with and send related correspondence to this individual? Yes No



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Form for Victim's SSN or Nat'l ID #

Personal Representative's SSN or Nat'l ID #

Form for Personal Representative's SSN or Nat'l ID #

Part I. e - Advance Benefits Election

As the Personal Representative of a deceased Victim, do you wish to apply for Advance Benefits?

Yes [] No []

If Yes, please continue below. If No, please skip to Part II.

I hereby certify that I need the Advance Benefits to alleviate financial hardship faced by the claimant or the beneficiaries of the deceased victim and: (check one):

- I am a Personal Representative of a deceased Victim who had a spouse or dependent(s) and have not yet received \$450,000 from other sources...
I am a Personal Representative of a deceased Victim who was single and had no dependents and have not yet received \$250,000 from other sources...

(See Frequently Asked Questions for further information on benefits that are excluded)

Certification of Consent from Spouse or Dependents (for Advance Benefits only)

This section applies only if the Personal Representative is not the spouse of the victim.

Have you obtained the consent of the spouse of the victim or, if there is no surviving spouse, of all the dependents of the victim to file for Advance Benefits?

Yes [] No []

If Yes, have you attached these consents to this claim form?

Yes [] No []

Initial here _____

Acknowledgement of Waiver of Rights

I hereby acknowledge that by submitting a substantially complete Part I - Eligibility and Application for Advance Benefits Form and requesting Advance Benefits, I am waiving the right to file a civil action (or be a party to an action) in any Federal or State court for damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001.

Please note this Waiver of Rights could apply to the rights of individuals other than the Personal Representative. This waiver does not apply to a civil action to recover collateral source obligations or to a civil action against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act.

Signature line for Personal Representative

Signature of Personal Representative

Date line (mm/dd/yyyy)

Date (mm/dd/yyyy)



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____ - ____ - _____

Personal Representative's SSN or Nat'l ID #

____ - ____ - _____

Method of Payment of Advance Benefits

Please select how you, the Personal Representative, would like to receive payment. Check one of the boxes below (direct deposit is generally the quickest way to receive payment).

- Check* - Note that the check will be mailed to the Personal Representative at the address listed in Part I. c.
- Direct deposit/electronic fund transfer* (available for U.S. banks only) - Note that payments will be wired to the account of the Personal Representative only. **Please attach a copy of a voided check and fill out the information below.**

Account Number

Checking Other

ABA Routing Number - *This number can be obtained by contacting your Financial Institution or can be located at the bottom of your checks. (Nine digit number preceding your account number.)*

Name of Financial Institution

Street Address Line 1

Street Address Line 2

City

State

Zip Code

Telephone Number

Supporting Documentation - Please see the Document Checklist at the end of this form to identify the documents you need to enclose with this claim.