



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: _____



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 #

____ - ____ - _____

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)

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)

Time (hour) A.M. P.M.

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:*

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 _____



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 #

____ - ____ - _____

____ - ____ - _____

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



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 #

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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, such as government programs or employer-provided benefits (excluding monies received from privately funded charities).
- 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, such as government programs or employer-provided benefits (excluding monies received from privately funded charities).

(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 of Personal Representative

_____|_____|_____|_____|_____|_____|_____|_____|

Date (mm/dd/yyyy)



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 #

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

Personal Representative's SSN or Nat'l ID #

Grid for 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 grid

Checking Other

ABA Routing Number grid and text: 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 grid

Street Address Line 1 grid

Street Address Line 2 grid

City grid

State grid

Zip Code grid

Telephone Number grid

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



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part II - Compensation

Victim's SSN or Nat'l ID #

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Personal Representative's SSN or Nat'l ID #

□□□□ - □□□□ - □□□□□□

The information requested in this part will help determine the compensation amount. Please answer each question in full. Use additional paper if you need more space. If you do so, please add the Victim's and your SSN or National ID # to each page as well as the applicable part number.

Part II. a - Selection of Adjudication Track

Please select one of the adjudication tracks described below by checking one of the boxes. (Note that you must submit a completed claim package regardless of which track you choose).

- Track A - This Track includes two steps. In step 1, the claim is reviewed and a presumed award is determined by the Special Master. In step 2, the Personal Representative may, at his/her option, accept the award or request a hearing to review the presumed award and to present additional information.
- Track B - In this Track, a hearing will be held to determine the amount of the award.

Part II. b - Victim's Employment History

Please provide the Victim's employment history from January 1998 to September 11, 2001, to the extent it is available. Please note any changes in employer, job title, and/or job description (if known) during this period. If self-employed, write "Self-Employed" in the Employer Name and Address box.

Date Range	Employer Name and Address	Employer Phone #
/ / to 09/11/2001		
Job Title and/or Description		

Date Range	Employer Name and Address	Employer Phone #
/ / to / /		
Job Title and/or Description		

Date Range	Employer Name and Address	Employer Phone #
/ / to / /		
Job Title and/or Description		

Note: if you need more space to answer Part II.b, check the box and continue on another copy of this page.



September 11th Victim Compensation Fund of 2001
Compensation Form for Deceased Victims
Part II - Compensation

Victim's SSN or Nat'l ID #

Form for Victim's SSN or Nat'l ID # with boxes for digits and hyphens.

Personal Representative's SSN or Nat'l ID #

Form for Personal Representative's SSN or Nat'l ID # with boxes for digits and hyphens.

Part II. c - Victim's Education History/ Accreditation History

Please provide information on the highest degree or accreditation earned by the Victim (or the last year of schooling completed).

Table with 3 columns: Year Earned (mm/dd/yyyy), Name and Address of Institution, Degree/Accreditation (e.g., BA, PhD, GED, Trade Certification).

Part II. d - Dependents not Listed on 2000 Federal/National Tax Return

Please list any qualifying dependents that were not listed on the Victim's 2000 Federal/National Tax Return (such as children born or adopted after December 31, 2000 or children listed on the spouse's separately-filed return) and explain their relationship to the Victim.

Table with 4 columns: Dependent's Name (First Middle Last), Date of Birth (mm/dd/yyyy), SSN or National ID Number, Relationship to Victim.

Note: if you need more space to answer Part II.d, check the box and list dependents on another copy of this page.

Part II. e - Tax Return Information

In order for the Special Master to calculate the compensation award, you must provide complete copies of all tax returns (including all W-2 forms and other attachments) filed for the tax years 1998, 1999 and 2000, including Federal, State, city and local tax returns as applicable. For non-U.S. Victims, you should submit any tax information or returns the Victim filed with non-U.S. taxing authorities.

Did the Victim file tax return(s) in tax year 2000? Yes [] No []

Did the Victim file tax return(s) in tax year 1999? Yes [] No []

Did the Victim file tax return(s) in tax year 1998? Yes [] No []

If tax returns were not filed for these years please explain why:

Horizontal lines for explaining why tax returns were not filed.

If no tax returns were filed in 2000, 1999, 1998, please attach copies of tax returns for the three most recent years filed.



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part II - Compensation

Victim's SSN or Nat'l ID #

____ - ____ - _____

Personal Representative's SSN or Nat'l ID #

____ - ____ - _____

Part II. f - Compensation Information

Compensation typically includes base salary and wages as well as other sources of earned income such as commissions, bonuses, incentive pay, etc. Please provide the Victim's complete compensation history below. Please note that passive sources of income, such as income from rental properties or investments, are not considered in the calculation. For salaried victims please provide their base salary at the end of each listed year. If the victim was both employed and self-employed complete both lines. For 2001, indicate salary for period up to September 2001. If additional amounts were due please describe at part II.k.

Compensation Amount

(Please provide currency if other than US Dollars _____)

Was the Victim self-employed? If yes, enter total yearly compensation amount here.

<u>2001</u> (to 9/2001)	<u>2000</u>	<u>1999</u>	<u>1998</u>
_____	_____	_____	_____

If not self-employed, enter **Base Salary/Wage** information here.

_____	_____	_____	_____
-------	-------	-------	-------

Indicate whether figure provided is a yearly, monthly, bi-weekly, weekly, or hourly figure.

Additional Compensation - Please provide information for all other compensation including, but not limited to, incentive pay, bonuses, overtime, commissions, tips, shift differentials, longevity, and honoraria. For 2001, indicate salary for period up to September 2001. If additional amounts were due please describe at part II.k.

For Victims who were in the armed forces - Please include housing, subsistence, TAD, re-enlistment, and other compensation by each category. However, if you want the Special Master to rely on published compensation and benefit scales please check the box at the end of this statement. If you do so, there is no need to complete this section, but please attach a copy of the Victim's Military Leave and Earnings Statement indicating the pay level and benefit information.

I wish to rely on published data regarding U.S. military compensation.

	<u>2001</u> (to 9/2001)	<u>2000</u>	<u>1999</u>	<u>1998</u>
Other Compensation (Please describe)	_____	_____	_____	_____

Other Compensation (Please describe)	_____	_____	_____	_____
--------------------------------------	-------	-------	-------	-------

Other Compensation (Please describe)	_____	_____	_____	_____
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Other Compensation (Please describe)	_____	_____	_____	_____
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Other Compensation (Please describe)	_____	_____	_____	_____
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September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part II - Compensation

Victim's SSN or Nat'l ID #

____ - ____ - _____

Personal Representative's SSN or Nat'l ID #

____ - ____ - _____

Part II. g - Employer Provided Benefit Information

In addition to the compensation information provided above, the compensation award will be based on certain employment benefits provided to the Victim by his/her employer. Please provide details on employer provided benefits received during the years 2000 and 2001. See instructions for more information.

Total Benefits

(Please provide currency if other than US Dollars _____)

1. **Health Benefits** - Payroll deduction or cost of employer-provided health benefits to employee and any other covered persons (indicate who was covered):

- Victim only
- or
- Victim and One Dependent
- or
- Victim and Family

2001
(to 9/2001)

2000

_____	_____
_____	_____
_____	_____

2. **Pension Benefits** - Attach (a) pension plan or pension section from employee handbook and (b) recent pension statement. Check one:

Defined Benefit Plan (monthly pension payable at retirement)
(indicate victim's hire date at last employer:
____/____/____)

Defined Contribution Plan (employer contribution each pay period)
(indicate employer contribution as % of salary: _____%)

3. Employer **Matching Contribution to 401(k)/403(b)**

Employer matching contributions as a percent of pay: _____%

_____%

Actual dollar amount of employer matching contribution:

_____	_____
-------	-------

4. **Employer-provided transportation subsidy or company car**

If car was provided, please specify % of personal use

_____%

_____%

_____	_____
-------	-------

5. **Employer-provided club dues, memberships**

Indicate whether figure is yearly, monthly, weekly, hourly, etc.

_____	_____
-------	-------

6. **Non-military Housing allowance** (Military allowances should be included on previous page.)

Indicate whether figure is yearly, monthly, weekly, hourly, etc.

_____	_____
-------	-------

Was the allowance permanent or temporary?

Permanent

Temporary

If temporary, when did it end (mm/dd/yyyy)?

_____	_____
-------	-------

7. **Other employer-provided benefit** (please describe)

Indicate whether figure is yearly, monthly, weekly, hourly, etc.

_____	_____
-------	-------

8. **Other employer-provided benefit** (please describe)

Indicate whether figure is yearly, monthly, weekly, hourly, etc.

_____	_____
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September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part II - Compensation

Victim's SSN or Nat'l ID #

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Personal Representative's SSN or Nat'l ID #

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Part II. h - Non-Reimbursed Burial, Memorial Service, and Medical Costs

Non-reimbursed burial and memorial service costs, as well as non-reimbursed costs for medical treatment prior to death, may be factored into the award calculation. Please indicate the amount of out-of-pocket expenses incurred, if any, and provide supporting documents.

(Please provide currency if other than US Dollars _____)

Amount of non-reimbursed burial or memorial service costs:

□□□□□□□□□□□□□□□□

Amount of non-reimbursed medical treatment:

□□□□□□□□□□□□□□□□

Part II. i - Collateral Source Compensation

The value of collateral sources of compensation (e.g. benefits from life insurance, pension funds, death benefit programs, etc.) will be considered in determining award amounts. **Charitable assistance will not be deducted when determining the award amount and should not be listed below.** You must provide the following information on compensation received or eligible to be received:

Life Insurance (including Accidental Death and Mortgage Insurance) paid or to be paid as a result of the Victim's death.

Insurance		Beneficiary(s) and Relationship to Victim	Amount (by beneficiary)	Amount of Victim's Investment Portion or Premiums Paid (if applicable)
Carrier/ Provider	Account/Policy Number			
<i>Example:</i> <i>Generic Insurance Co.</i>	000-00-0000	Jane Doe (spouse)	\$75,000	Victim invested \$10,000 in this \$100,000 policy
		George Doe (son)	\$25,000	

Note: if you need more space to answer Part II.i, please check the box and continue on another copy of this page.



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part II - Compensation

Victim's SSN or Nat'l ID #

□□□□ - □□ - □□□□□□

Personal Representative's SSN or Nat'l ID #

□□□□ - □□ - □□□□□□

Pension - Please identify and describe any pension plans in which the Victim was a participant. Please specify the part of the pension that was paid or is payable because of death and the amount vested or payable to the Victim prior to death. Attach supporting documentation on the pension plans, such as a plan description and 2001 statement.

[Empty box for Pension information]

Death Benefit Programs - Please identify and describe any payments that the Victim's beneficiaries have received as a result of the death of the Victim (other than insurance and charitable contributions). For example, Public Safety Officer Benefit payments or Dependency and Indemnity Compensation. Attach supporting documentation on the program such as a program description.

[Empty box for Death Benefit Programs information]

Note: if you need more space, please check the box and continue on another copy of this page.



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part II - Compensation

Victim's SSN or Nat'l ID #

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Personal Representative's SSN or Nat'l ID #

□□□□ - □□ - □□□□□□

Social Security and Worker's Compensation Programs - Please identify and describe any payments that the Victim's beneficiaries have received, are receiving, or have applied to receive from the Social Security Administration or from the Victim's worker's compensation programs. Also identify and attach any pending applications for or determinations from worker's compensation or Social Security.

[Empty box for Social Security and Worker's Compensation Programs]

Other Payments - Please identify and describe any other payments that the Victim's beneficiaries have received as a result of the death of the Victim (excluding charitable contributions). Please attach copies of appropriate documentation.

[Empty box for Other Payments]

Note: if you need more space, please check the box and continue on another copy of this page.



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part II - Compensation

Victim's SSN or Nat'l ID #

□□□□ - □□□□ - □□□□□□

Personal Representative's SSN or Nat'l ID #

□□□□ - □□□□ - □□□□□□

Part II. j - Information Regarding Will and Proposed Distribution Plan

Did the Victim leave a will? Yes No If Yes, has the will been probated? Yes No

Please list the beneficiaries of the Victim's will and their percentage if it can be determined:

Beneficiary Name (First Middle Last)	Percentage of Estate

Below, please provide information on how you **propose** to distribute the award. The distribution must be consistent with the law of the Victim's State of domicile or any applicable ruling made by a court of competent jurisdiction. In many cases the Special Master anticipates that a portion of the award may be distributed in accordance with the wrongful death laws of the decedent's State or country, although this will not be the case universally. Please refer to the instructions and FAQ's for more information on the distribution plan. Note that any proposed distribution plan may be affected by offsets and any final plan must be reviewed by the Special Master.

Relationship to Victim	Name and Address	Telephone Number	SSN or National ID Number	Date of Birth	% of Economic Award
Spouse					
Child					
Child					
Child					
Mother					
Father					
Sibling					
Sibling					
Other (specify)					
Other (specify)					

Note: if you need more space to answer Part II.j, check the box and continue on another copy of this page



**September 11th Victim Compensation Fund of 2001
Compensation Form for Deceased Victims
Part II - Compensation**

Victim's SSN or Nat'l ID #

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Personal Representative's SSN or Nat'l ID #

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Part II. k - Other Information (optional)

Please use the area below (and any additional pages you need) to provide any other information that you believe may be relevant to the individualized circumstances of your claim, the calculation of economic and non-economic loss, and the calculation of collateral source offsets. You may also provide any additional documents not already requested that you believe might be relevant.

Note: if you need more space to answer Part II.k and are attaching additional page(s), please check the box to the left.

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



September 11th Victim Compensation Fund of 2001
Compensation Form for Deceased Victims
Part III - Attestations and Certifications

Victim's SSN or Nat'l ID #

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 III. a - Authorization for Release of Information

I Authorize the U.S. Department of Justice to obtain any information relating to my claim under the September 11th Victim Compensation Fund of 2001 (Compensation Fund) from individuals, employers, hospitals, medical service providers, other federal, state or local agencies including the Social Security Administration and the Internal Revenue Service, or other sources having information relating to my claim. This information may include, but is not limited to, medical, employment, and financial information about me or the deceased individual whom I represent.

I Further Authorize the U.S. Department of Justice to disclose any records or information relating to my Compensation Fund claim to: agency contractors assisting in the administration of the Compensation Fund; other federal, state, or local agencies, including the Department of the Treasury; and other individuals or entities having information related to the claim, such as physicians, medical service providers, insurers, and employers.

I Further Authorize the U.S. Department of Justice to publish my name as the Personal Representative filing a claim and the name of the Victim for whom compensation is sought.

I Further Authorize the release of information relating to my claim, where such information indicates a violation or potential violation of law, including submission of fraudulent claims to any civil or criminal law enforcement authority or other appropriate agency charged with responsibility of investigating or prosecuting such a violation.

I Further Authorize individuals having information pertinent to my claim to release such information to a duly accredited representative of the Department of Justice during the review of my claim to the Compensation Fund, regardless of any previous agreement to the contrary. Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon my written termination whichever is sooner.

I Further Authorize the Special Master, the United States Department of Justice or agency contractors assisting in the administration of the Compensation Fund to contact my attorney or other persons authorized to act on my behalf (if identified in Part I. d) if the Special Master needs additional information or clarification about my claim.

I Further Authorize the U.S. Department of Justice to release information about my proposed plan of distribution to any of the Victim's beneficiaries and to anyone deemed by the Special Master to be a party with a potential interest in any award that may be made for this claim.

I Certify that I am the person named below (claimant to the Compensation Fund) and I authorize the release of information listed above.

Signature of Personal Representative - Please sign and date below

Signature line for Personal Representative

Signature of Personal Representative

Date line for Personal Representative

Date (mm/dd/yyyy)



**September 11th Victim Compensation Fund of 2001
Compensation Form for Deceased Victims
Part III - Attestations and Certifications**

Victim's SSN or Nat'l ID #

□□□□ - □□ - □□□□□□

Personal Representative's SSN or Nat'l ID #

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Part III. b - Privacy Act Notice

The Department of Justice is authorized to collect this information by the September 11th Victim Compensation Fund of 2001, Title IV of Public Law 107-42, 115 Stat.230 ("Air Transportation Safety and System Stabilization Act"). The information you submit in your claim is for official use by the U.S. Department of Justice for the purposes of determining your eligibility for and the amount of compensation you may receive under your claim to the Victim Compensation Fund. Provision of this information is voluntary; however, failure to provide complete information may result in a delay in processing or a denial of your claim. Information you submit regarding your claim may be disclosed by the Government only in accordance with the provisions of the Privacy Act.

Part III. c - Certification of Dismissal of any Legal Action

Have you or any dependent, spouse, or beneficiary of the Victim filed a civil action (or been a party to an action) in any Federal or State court relating to or arising out of damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001 (other than civil actions to recover collateral source obligations or a civil action against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act)?

Yes No If Yes, has such action(s) been dismissed as of March 21, 2002? Yes No

Initial here _____

(please attach proof of dismissal if applicable)

Part III. d - Acknowledgement of Waiver of Rights

I hereby acknowledge that by submitting a substantially complete Compensation Form for Deceased Victims 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 of Personal Representative

||_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Date (mm/dd/yyyy)



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part III - Attestations and Certifications

Victim's SSN or Nat'l ID #

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Personal Representative's SSN or Nat'l ID #

□□□□ - □□ - □□□□□□

Part III. e - Certification of Distribution Plan

I hereby agree to distribute any award in a manner consistent with the law of the decedent's domicile or any applicable ruling by a court of competent jurisdiction or as directed by the Special Master. I understand that the final distribution plan may differ from the plan proposed in Part II. j.

Initial here _____

Part III. f - Notarized Certification of Accuracy of Information

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. Further, I understand that false statements or claims made in connection with this application may result in fines, imprisonment and/or any other remedy available by law to the Federal Government.

Signature of Personal Representative
(Sign in the presence of Notary Public)

Date (mm/dd/yyyy)

Official Notarization - Please have this page certified by a Notary Public (or equivalent for non-U.S.. Personal Representatives). The Notary Public should apply seal to this page.

Signature of Notary Public

Date (mm/dd/yyyy)



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part IV -- Supporting Documentation Checklist

Victim's SSN or National ID #

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Personal Representative's
SSN or National ID #

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In order to process your claim, we need certain supporting documents to substantiate information you provided. This checklist has been developed to help you compile those documents. **Please submit it with your claim.**

	<i>Attached ?</i>	<i>For Internal Use Only</i>
Supporting Documentation for Part I (Eligibility)		
Part I.b -- Victim's Circumstances on September 11, 2001 <ul style="list-style-type: none"> • Original Certified Copy of the Death Certificate with raised seal (required for all claims) • Written proof showing the Victim was present at the World Trade Center. For example, an affidavit from the Victim's employer, records of employment, medical records, records of Federal, State, city or local government, other sworn statement regarding the presence of the victim. (required for World Trade Center Victims only) 	<input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/>
Part I.c -- Information About the Personal Representative <ul style="list-style-type: none"> • Original Court Order or Letter of Administration showing your appointment as (1) Personal Representative, (2) Executor of Will, or (3) Administrator of Estate <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • If you were unable to obtain an appointment as one of the above, any documentation that you could not get the necessary appointment (see instructions for more information) and either <ul style="list-style-type: none"> 1) attach a copy of the Victim's will and copies of relevant filings you have made to probate the will <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> 2) If there is no will, attach: <ul style="list-style-type: none"> • Proof of your relationship to the Victim (such as birth certificate(s) and/or marriage certificate) and • Proof that you are the first person in line of succession under the laws of intestacy in the Victim's domicile. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Part I.e -- Advance Benefits Election <ul style="list-style-type: none"> • Written consent of spouse or dependents (only if you are not the spouse of the decedent) • Voided check (if requesting direct deposit) 	<input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/>
Other Documentation Other documentation you have included in support of Part I: Other (please describe) _____ Other (please describe) _____	<input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/>



**September 11th Victim Compensation Fund of 2001
 Compensation Form for Deceased Victims
 Part IV -- Supporting Documentation Checklist**

Victim's SSN or National ID #

Personal Representative's SSN or National ID #

Supporting Documentation for Part II (Compensation Information)	Attached ?	For Internal Use Only
<p>Part II.e – Tax Return Information</p> <ul style="list-style-type: none"> • Tax returns filed by the Victim for tax years 2000, 1999, and 1998, including returns for non-U.S. taxing authorities <ul style="list-style-type: none"> • Most recent tax returns filed by the Victim (only if no returns were filed in 2000, 1999, and 1998) <p>Please describe _____</p>	<p>Federal '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>State '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>City '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Local '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Other '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>Part II.f – Compensation Information (base salary/wages)</p> <p>Please attach written proof of the Victim's base salary/wages for 2001, 2000, 1999, and 1998. Examples of the types of proof to include are listed below. You do not need to attach all of these documents for each year. All that is needed is a single supporting document for each year - one that you believe best substantiates the compensation information you provided in the form:</p> <p align="right">Year-end pay statement</p> <p align="right">Pay stubs</p> <p align="right">Salary letter</p> <p>Other (please describe) _____</p> <p>Other (please describe) _____</p> <p>Other (please describe) _____</p>	<p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	



**September 11th Victim Compensation Fund of 2001
 Compensation Form for Deceased Victims
 Part IV -- Supporting Documentation Checklist**

Victim's SSN or National ID #

Personal Representative's SSN or National ID #

Supporting Documentation for Part II (continued)	Attached ?	For Internal Use Only
<p>Part II.f -- Compensation Information (additional compensation)</p> <p>Please attach written proof of additional sources of compensation the Victim received in 2001, 2000, 1999, and 1998. Examples of the types of documents to include are listed below. You do not need to attach all of these documents for each year. All that is needed is a single supporting document for each year -one that you believe best substantiates the additional compensation information you provided in the form:</p> <p align="right">End of year pay statement</p> <p align="right">Bonus letter</p> <p align="right">Commission letter</p> <p align="right">Overtime stubs</p> <p>Other (please describe) _____</p> <p>Other (please describe) _____</p> <p>Other (please describe) _____</p>	<p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Part II.g -- Employer-Provided Benefit Information</p> <p>Please attach written proof of employer-provided benefits in 2001 and 2000. Examples of benefits are listed below. Please check the ones that apply and for which you have attached documentation:</p> <p align="right">Documentation on Health Benefits</p> <p align="right">Pension plan description(s)</p> <p align="right">Pension plan statement(s)</p> <p align="right">Employer-provided transportation</p> <p align="right">401k documentation</p> <p align="right">Employer-provided club dues</p> <p align="right">Non-military housing allowances</p> <p>Other (please describe) _____</p> <p>Other (please describe) _____</p> <p>Other (please describe) _____</p>	<p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



**September 11th Victim Compensation Fund of 2001
 Compensation Form for Deceased Victims
 Part IV -- Supporting Documentation Checklist**

Victim's SSN or National ID #

Personal Representative's SSN or National ID #

Supporting Documentation for Part II (continued)	Attached ?	For Internal Use Only
<p>Part II.h – Non-Reimbursable Burial, Memorial Service, and Medical Costs</p> <ul style="list-style-type: none"> • Burial/Memorial cost receipts (that were not reimbursed) <input type="checkbox"/> • Medical cost receipts (that were not reimbursed) <input type="checkbox"/> 		
<p>Part II.i – Collateral Sources of Compensation Please attach documentation for all collateral sources of compensation the Victim's beneficiaries or estate has or is entitled to receive. Examples of collateral sources of compensation are listed below. Please check the ones that apply and for which you have attached documentation.</p> <p align="right">Life Insurance policy(s) <input type="checkbox"/></p> <p align="right">Life Insurance policy statement(s) <input type="checkbox"/></p> <p align="right">Pension plan description(s) <input type="checkbox"/></p> <p align="right">Pension plan statement(s) <input type="checkbox"/></p> <p align="right">Death Benefits Program description <input type="checkbox"/></p> <p align="right">Social Security application or determinations <input type="checkbox"/></p> <p align="right">Worker's Compensation application or determinations <input type="checkbox"/></p> <p>Other (please describe) _____ <input type="checkbox"/></p> <p>Other (please describe) _____ <input type="checkbox"/></p> <p>Other (please describe) _____ <input type="checkbox"/></p>		
<p>Part II.j – Information Regarding Will and Proposed Distribution Plan</p> <p align="center">Certified copy of the Victim's will (if one exists) <input type="checkbox"/></p>		
<p>Part II.k – Other Information Please list any additional documents that you have included with the Compensation Form that you believe are relevant to your individual claim and will assist the Special Master in reviewing your claim.</p> <p>Other (please describe) _____ <input type="checkbox"/></p> <p>Other (please describe) _____ <input type="checkbox"/></p> <p>Other (please describe) _____ <input type="checkbox"/></p>		



**September 11th Victim Compensation Fund of 2001
 Compensation Form for Deceased Victims
 Part IV -- Supporting Documentation Checklist**

Victim's SSN or National ID #

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Personal Representative's
 SSN or National ID #

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Supporting Documentation for Part III (Attestations and Certifications) and Exhibits	<i>Attached ?</i>	<i>For Internal Use Only</i>
<p>Part III.c -- Certification of Dismissal of Legal Action</p> <p>Order of dismissal (only if applicable)</p>	<input type="checkbox"/>	<hr/>
<p>Notification of Claim Filing (required)</p> <p>Exhibit B – Signed list of individuals notified of claim filing</p>	<input type="checkbox"/>	<hr/>

September 11th Victim Compensation Fund of 2001
Exhibit A to Compensation Form for Deceased Victims
Notice of Filing Claim

Instructions to Victim's Personal Representative:

- Fill out a separate copy of this page for each person to whom you are required to provide a Notice of Filing.
- On each copy, fill out the Name and Address of the person to whom you are providing the Notice and insert the name of the Victim in the spaces provided below as indicated.
- Check the box at the bottom of this page if you are applying for an Advance Benefit.
- Deliver each Notice personally or by certified mail, return receipt requested.
- *You must deliver a copy of this document to the following people:*
 - The immediate family of the Victim (including, but not limited to, the spouse, former spouse(s), children, other dependents, siblings, and parents).
 - The Executor or Administrator and beneficiaries of the Victim's will and life insurance policies.
 - Any other person who may reasonably be expected to assert an interest in an award or to have a cause or action to recover damages relating to the wrongful death of the Victim.

TO: NAME: _____

 ADDRESS: _____

You are receiving this notice to inform you that a claim on behalf of _____ (insert name of Victim) is being filed with the September 11th Victim Compensation Fund of 2001. The claim is being filed by _____ (insert name of Personal Representative).

The rules that govern the Victim Compensation Fund state that only **one** claim may be filed in connection with the death of a Victim and that the claim must be filed by the Victim's Personal Representative. The rules also state that any award from the Victim Compensation Fund shall be paid to the Personal Representative and that the Personal Representative is required to distribute the award among the Victim's beneficiaries in accordance with the laws of the Victim's domicile.

You have been notified that a claim is being filed on behalf of _____ (insert name of Victim) because the Personal Representative is required to give notice of claim filing to the Victim's immediate family, to the executor, administrator, and beneficiaries of the Victim's will and life insurance policies and to other people who might reasonably have an interest in any award that may be made from the Victim Compensation Fund.

The rules that govern the filing of claims with the Victim Compensation fund require that the Personal Representative waive any right to file a lawsuit for damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001. This waiver could affect the rights of others, including you, to file any such lawsuits.

You are not required to take any action in response to this notice. However, any objection to the filing of the claim must be made within 30 days after the claim has been filed, which could be as soon as 30 days from the date this notice was mailed or otherwise provided to you. If the box at the bottom of this page has been checked, the Personal Representative is seeking an Advance Benefit from the Victim Compensation Fund, which could be paid 15 days after the claim has been filed or in some cases sooner. Therefore, if the Personal Representative has applied for an Advance Benefit, any objection should be made as promptly as possible.

If you want to learn more about the Victim Compensation Fund, please call 1-888-714-3385 (TDD: 1-888-560-0844; outside the U.S.: 202-305-1352). Information can also be obtained over the Internet at www.usdoj.gov/victimcompensation.

Personal Representative: check the box to the left if you are applying Advance Benefits.



**September 11th Victim Compensation Fund of 2001
 Compensation Form for Deceased Victims
 Exhibit B – List of Individuals Notified of Claim Filing**

Please submit with your Compensation Form for Deceased Victims

Victim's SSN or Nat'l ID #
 [] [] [] - [] [] - [] [] [] []

Personal Representative's SSN or Nat'l ID #
 [] [] [] - [] [] - [] [] [] []

I hereby certify that I have provided the required Notice of Filing of Claim to all the individuals listed below by either personal delivery or certified mail, return receipt requested, and that I am not aware of anyone else to whom such notice should be provided.

Signature of Personal Representative

||||||||||

Date (mm/dd/yyyy)

Relationship to Victim	Name (First, Middle, Last)	Address	Date of Birth	Telephone Number	SSN or National ID # (if available)	Date of Delivery (mm/dd/yyyy)	
						Hand Delivered	Certified Mail, Return Receipt Requested
Mother							
Father							
Spouse							
Former Spouse							
Sibling							
Sibling							
Child							
Child							
Child							
Partner							

Check here if you need more space for Exhibit B and are attaching additional pages.