



U.S. Victims of State Sponsored Terrorism Fund

Personal Representative's Authorization For Communication and Correspondence

OMB No. 1123-0013
Expires XX/XX/XXXX

If a Personal Representative (or authorized representative of the Personal Representative) wants to authorize the U.S. Victims of State Sponsored Terrorism Fund (the "Fund") to communicate with an individual regarding the claim, please provide the individual's name and contact information, and sign and date the following authorization.¹

Last Name		First Name		Middle Name	
Law Firm Name (if applicable)					
Mailing Address					
City		State	Zip/Postal Code	Country (if not in U.S.)	
Email Address			Telephone		Facsimile

I authorize the Special Master, the Special Master's designees, the U.S. Department of Justice, and agency contractors assisting in the administration of the Fund to contact the attorney or other person identified above regarding my claim.

Signature of Personal Representative

Date of Signature
(mm/dd/yyyy)

Print Name

¹ Applicants should not submit this form for attorneys or authorized representatives who were previously identified in the Application Form.