



## U.S. Victims of State Sponsored Terrorism Fund

### Consent to Proposed Distribution Plan

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

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Attached is the Proposed Distribution Plan submitted for compensation from the U.S. Victims of State Sponsored Terrorism Fund for the claim submitted on behalf of \_\_\_\_\_ (insert name of decedent Victim). By signing this Consent to Proposed Distribution Plan you agree to the allocation set forth in it.

**Note:** If any dispute exists over the terms of the Proposed Distribution Plan which cannot be resolved by the parties, the Special Master may deposit the eligible claim amount with a court of appropriate jurisdiction to adjudicate the distribution.

Claim Number: \_\_\_\_\_

Printed Name of Heir/Beneficiary: \_\_\_\_\_

Signature of Heir/Beneficiary: \_\_\_\_\_

Date: \_\_\_\_\_  
(mm/dd/yyyy)