



U.S. Victims of State Sponsored Terrorism Fund

Proposed Distribution Plan

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

Name of Applicant (Personal Representative)	Claim Number
Name of Decedent Victim	

VICTIM'S WILL AND PROPOSED DISTRIBUTION PLAN INFORMATION

Did the Victim leave a will? Yes No Do not know

If "Yes", has the will been probated? Yes No

If the Victim left a will, please list the beneficiaries of the Victim's will.

Beneficiary Name
(Last, First, Middle)

Please provide the requested information below on how you, as the authorized Personal Representative, propose to distribute the eligible claim amount. In order for the U.S. Victims of State Sponsored Terrorism Fund (the "Fund") to make a payment, all legal heirs and beneficiaries must consent to participation in the Fund. You must provide the legal heirs and beneficiaries a copy of the Proposed Distribution Plan and all legal heirs and beneficiaries must agree to the Proposed Distribution Plan. If an allocation agreement about the Proposed Distribution Plan cannot be reached by all legal heirs and beneficiaries, the Special Master may deposit the amount of the award with a court of appropriate jurisdiction to adjudicate the distribution.



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Relationship to Victim	Name and Address	Telephone Number	Social Security/ National Identification/ Other Tax Identification Number	% of Award
Spouse			____ - ____ - ____	
Former Spouse			____ - ____ - ____	
Registered Domestic Partner			____ - ____ - ____	
Child			____ - ____ - ____	
Child			____ - ____ - ____	
Mother			____ - ____ - ____	
Father			____ - ____ - ____	
Sibling			____ - ____ - ____	
Sibling			____ - ____ - ____	
Other (specify)			____ - ____ - ____	



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Note: Check this box if more space is needed to answer and list additional information on another copy of this page.

Signature of Personal Representative
(the individual named in Part V of the Application Form)

____/____/____
Date (mm/dd/yyyy)

Printed Name of Personal Representative

DRAFT