



**INTERNATIONAL WIRE TRANSFER REQUEST FORM**

This form is used for September 11<sup>th</sup> Victim Compensation Fund payments made by wire transfers to financial institutions outside of the United States. Carefully read the instructions on the back of this form and fill in the information requested in Section 1. Then take this form to your financial institution. The financial institution will verify the information in Section 1 and will complete Section 3.

**UPLOAD THE COMPLETED FORM TO YOUR ONLINE CLAIM.**

**The completed form can also be returned by mail or fax to the VCF at the address identified in Section 2.**

**SECTION 1: TO BE COMPLETED BY PAYEE**

<b>A</b> NAME OF PAYEE (last, first, middle initial)		<b>C</b> PAYEE'S SSN/NATIONAL ID OR PASSPORT NUMBER	
ADDRESS (street, route, P.O. Box, APO/FPO)		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
CITY	STATE	COUNTRY	ZIP CODE
		<b>E</b> DEPOSITOR ACCOUNT NUMBER	
TELEPHONE NUMBER (COUNTRY CODE AND AREA CODE)		<b>F</b> VCF CLAIM NUMBER	
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT			
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE		DATE	SIGNATURE
			DATE

**SECTION 2: TO BE COMPLETED BY GOVERNMENT AGENCY**

<b>GOVERNMENT AGENCY NAME</b> US DEPARTMENT OF JUSTICE SEPTEMBER 11th VICTIM COMPENSATION FUND	<b>GOVERNMENT AGENCY ADDRESS</b> SEPTEMBER 11th VICTIM COMPENSATION FUND 1220 L Street NW, Suite 100 - Box 408 Washington, DC 20005-4018 FAX to: +01-202-353-0353
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**SECTION 3: TO BE COMPLETED BY FINANCIAL INSTITUTION**

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ACCOUNT HOLDER'S NAME(S)
	TYPE OF CURRENCY
IBAN NUMBER	
SWIFT/BIC CODE	
BANK IDENTIFICATION CODE	
<b>FINANCIAL INSTITUTION CERTIFICATION</b> I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209 and 210.	
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE
	TELEPHONE NUMBER
	DATE

**UPLOAD THE COMPLETED FORM TO YOUR ONLINE CLAIM.**

### PRIVACY ACT NOTICE

Collection of the information in this form is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number or tax identification number and the other information requested will allow the federal government to process your electronic payment. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your electronic payment. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your electronic payment cannot be processed without it.

### PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

### CHANGING RECEIVING FINANCIAL INSTITUTIONS

VCF payments will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the electronic fund transfer. To effect this change, the payee will complete a new VCF International Wire Transfer Request Form at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is confirmed to be complete and updated in the VCF's records.

### CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

### FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

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### Instructions for completing the VCF International Wire Request Form

- Complete the fields in Section 1 following the instructions below. Section 1 must be completed, signed and dated by the claimant or the individual who is authorized to receive payment on the claimant's behalf.**
  - Field A – Name, address and telephone number of Payee:** Enter the name(s), address and telephone numbers of the account owner(s) on the bank account to which payments will be made.
  - Field B – Name of Person(s) Entitled to Payment:** Enter the claimant's (or approved Authorized Representative's) full legal name.
  - Field C – Payee's SSN/National ID or Passport Number:** Enter the claimant's (or approved Authorized Representative's) Social Security, Tax Identification, National Identification or passport number.
  - Field D – Type of Depositor Account:** You must identify the account as either a checking or savings account. If you are not certain whether your account is a checking or savings account, please consult with your bank.
  - Field E – Depositor Account Number:** Enter the bank account number for the account to which payments will be made. **Do not** include the bank routing number here.
  - Field F – VCF Claim Number:** Enter the claimant's VCF Claim Number.
  - Payee/Joint Payee Certification:** The claimant or approved Authorized Representative **must sign and date** this section.
  - Joint Account Holders' Certification (optional):** If applicable, a joint account holder **should sign and date** this section. Please note that this dated signature is requested, but not required.
- Ask a representative from your bank to complete Section 3 by following the instructions below. This section must be completed, signed and dated by a representative from the bank where your account is maintained.** Please take these instructions with you to the bank to be sure your form is completed properly.
  - Name and Address of Financial Institution:** The representative must enter the full name and address of the bank or credit union. Post office boxes cannot be used for the address.
  - IBAN Number, SWIFT/BIC Code, Bank Identification Code:** The representative must enter the full nine (9) digit routing number of the financial institution.
  - Account Holders' Name(s):** The representative must enter your name (and joint account holder's name, if applicable) exactly as it is shown on the account.
  - Print or Type Representative's Name:** The representative must legibly write his/her name. Please note that you will be asked to submit a new International Wire Transfer Request Form if we are not able to read the representative's name.
  - Signature of Representative:** The representative must sign the form.
  - Telephone Number:** The representative must enter the telephone number of the financial institution.
  - Date:** The representative must date the form.
- Upload the completed form to your online claim.**