



September 11th
Victim Compensation Fund

OMB 1105-0092

Decedent's SSN or National ID Number

Decedent's SSN or National ID Number

Personal Representative's SSN or National ID Number

Personal Representative's SSN or National ID Number

ATTESTATIONS AND CERTIFICATIONS FOR ELIGIBILITY FORM

C. ACKNOWLEDGEMENT OF WAIVER OF RIGHTS

I **hereby acknowledge** that by submission of a substantially complete Eligibility Form, I am **waiving** the right to file a lawsuit (or be a party to a lawsuit) in any federal or state court for damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001 or for damages arising from or related to debris removal.

Please note this Waiver of Rights could apply to the rights of individuals other than the Personal Representative. This waiver does not apply to lawsuits to recover collateral source obligations or to a lawsuit against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist attack.

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Signature of Personal Representative

Print Name