



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

F. AUTHORIZATION FOR ATTORNEY COMMUNICATION AND CORRESPONDENCE

If an attorney or other authorized individual is assisting the Personal Representative with this claim and the Personal Representative wants to authorize the Victim Compensation Fund to communicate with this individual, please sign and date the following authorization.

I Authorize the Special Master, the Special Master's designees, the United States Department of Justice or agency contractors assisting in the administration of the Victim Compensation Fund to contact my attorney or other persons authorized to act on my behalf (if identified in Part I.C.) if the Special Master needs additional information or clarification about my claim.

Signature of Personal Representative

____ / ____ / _____

Date (mm/dd/yyyy)

Print Name