



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

### Instructions for Changing or Removing the Attorney(s) Listed on an Application Form

OMB No. 1123-0013  
Expires 12/31/2019

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If you previously authorized the U.S. Victims of State Sponsored Terrorism Fund (the “Fund”) to communicate with an attorney or attorneys and you now want to revoke this authorization because the attorney(s) no longer represents you, please submit in writing a letter by either mail, fax, or email (as a PDF attachment) to the appropriate address below, so we can update the information in your Application Form. You must sign your letter.

**By mail:**

U.S. Victims of State Sponsored Terrorism Fund  
c/o GCG  
PO BOX 10299  
Dublin, OH 43017-5899

**By fax:**

(855) 409-7130 (If outside the U.S., (614) 553-1426)

**By email:**

[info@usvsst.com](mailto:info@usvsst.com)

If you would like to authorize the Fund to communicate with a new attorney, you will also need to complete and submit the following documents with that attorney’s information:

- Applicant’s/Personal Representative’s Acknowledgement of Attorney’s Compliance with Statutory Limitation on Attorneys’ Fees
- Applicant’s/Personal Representative’s Authorization for Communication and Correspondence
- Attorney’s Certification of Compliance with Statutory Limitation on Attorneys’ Fees (to be completed by your attorney)

If you submitted documents directing the Fund to pay your claim through your attorney, that instruction may not be changed after the Fund issues you the payment distribution decision. You may still remove or change the attorney associated with your claim for any future Fund actions and communications, if applicable.



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

### Instructions for Changing or Removing the Attorney(s) Listed on an Application Form

OMB No. 1123-0013  
Expires 12/31/2019

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#### PAYMENT INSTRUCTIONS FORM – CHANGE OR DISMISSAL OF ATTORNEY

You should use this form if you previously authorized the Fund to make the payments on your claim to an attorney's or a law firm's bank account and you want to change the payment instructions. Read the information on page 1 and follow the steps below to change the instructions for any payments on your claim. All forms are available on the Fund's website at [www.usvsst.com](http://www.usvsst.com) under "Additional Forms."

1. Determine which scenario in Section 1 applies to you and follow the instructions for that scenario.
2. Complete the information in Section 2.
3. Please return this form to the Fund in one of the following ways:
  - As an email attachment to [info@usvsst.com](mailto:info@usvsst.com)
  - By facsimile to (614) 553-1426
  - By U.S. mail to U.S. Victims of State Sponsored Terrorism Fund, c/o GCG, P.O. Box 10299, Dublin, OH 43017-5899
  - By overnight courier to U.S. Victims of State Sponsored Terrorism Fund, c/o GCG, 5151 Blazer Parkway, Dublin, OH 43017-5899

Once the Fund receives this form and the required information, it will process your request and change the payment instructions for your claim. The Fund will also notify your prior attorney that you have made a change to your Application Form.

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#### SECTION 1

- Scenario A. If you have decided to continue your application yourself without an attorney, you must return this form with a completed ACH Payment Information Form with the new bank account information to be used for your Fund payments.
  - OR -
- Scenario B. If you are using a new attorney, your new attorney must return this form with all of the following completed forms:
  - ACH Payment Information Form for the law firm (if not already on file with the Fund)
  - Applicant's/Personal Representative's Acknowledgment of Attorney's Compliance with Statutory Limitation on Attorneys' Fees
  - Applicant's/Personal Representative's Authorization for Communication and Correspondence
  - Attorney's Certification of Compliance with Statutory Limitation on Attorneys' Fees (to be signed by your attorney)



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

### Instructions for Changing or Removing the Attorney(s) Listed on an Application Form

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#### SECTION 2

Name of Applicant	Claim Number
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1. I am changing my instructions to the Fund on how I will receive payments for my claim.
2. I understand that this change does not affect any retainer or other agreement I have with my former attorney or any obligations I have to pay my former attorney for fees and expenses.

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**Signature of Applicant**

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**Date of Signature**  
(mm/dd/yyyy)