



## OneOrlando Fund

### Consent to Proposed Distribution Plan

*If you need assistance with this form, please call the VictimConnect Resource Center at 855-4-VICTIM (855-484-2846) or email [OneOrlando@ncvc.org](mailto:OneOrlando@ncvc.org). Learn more about the Fund's protocol at [www.OneOrlando.org](http://www.OneOrlando.org).*

Attached to this Consent Form is the Proposed Distribution Plan submitted for compensation from the OneOrlando Fund (the "Fund") for the claim submitted on behalf of \_\_\_\_\_ (the "decedent"). In accordance with the terms of the Fund's Protocol, the distribution of the amount of the Fund's compensation to all persons entitled to recover for the death of the decedent requires that all persons entitled to recover, including all of the decedent's legal heirs and beneficiaries, agree to be bound by the terms of the Protocol. (The Protocol can be reviewed by visiting the Fund's website at [www.OneOrlando.org](http://www.OneOrlando.org) or by calling the toll-free VictimConnect helpline at 855-4-VICTIM to request that a copy be mailed to you.) By signing below, you agree to the allocation set forth in the attached Distribution Plan.

(If any dispute exists over the terms of the Distribution Plan which cannot be resolved by the parties, the Administrator will deposit the amount of the final compensation with the Court in which the decedent's estate is being probated.)

\_\_\_\_\_  
Printed Name of Heir/Beneficiary

\_\_\_\_\_  
Signature of Heir/Beneficiary

\_\_\_\_\_  
Date

*Please return this form to:*

National Compassion Fund: OneOrlando  
c/o National Center for Victims of Crime  
2000 M Street NW, Suite 480  
Washington, DC 20036