NATIONAL COMPASSION FUND

Jeffrey R. Dion
Executive Director

Board of Directors
Marc C. Lenahan, Chairman
Keith Franz
Daniel Gordon
Bethzaida Garcia

Collierville Survivors Fund
Consent to Proposed Distribution Plan

Learn more about the Fund's Protocol at *nationalcompassion.org.*

This Consent Form indicates your agreement with the Proposed Distribution Plan submitted for compensation from the Collierville Survivors 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 the decedent's known legal heirs and beneficiaries disclosed to the National Compassion Fund, agree to be bound by the terms of the Protocol. The Protocol can be reviewed by visiting the Fund's website at www.*nationalcompassion.org*.

By signing below, you agree to the allocation of _____ % set forth in the Distribution Plan within the Application.

Please fill out one Consent to Distribution Form per beneficiary indicating the percentage for each. NOTE: If any dispute exists over the terms of the Distribution Plan in the Application, which cannot be resolved by the parties, the Administrator will deposit the amount of the final compensation with the court in which probate proceedings for the decedent's estate are pending or, if none, in the court having jurisdiction of the decedent's estate.

Printed Name of Heir/Beneficiary_____

Signature of Heir/Beneficiary_____

Date_____

Notary
Signature_____

State of _____ County of_____

The foregoing instrument was subscribed and sworn before me this _____ day of _____, 2021 by

_____

My Commission expires: Affix Seal Here