

**BOEING COMMUNITY INVESTMENT FUND
FAMILY APPLICATION FOR ALLOCATION OF FUNDING FOR
COMMUNITY-BASED PROJECTS**

Instructions:

This Boeing Community Investment Fund (“BCIF”) has been established to provide support to the local communities affected by the Lion Air Flight 610 and Ethiopian Air Flight 302 accidents. BCIF is being administered by Kenneth R. Feinberg and Camille S. Biros. Each family affected by the accident wishing to participate in the BCIF will have the opportunity to designate \$144,500 to one or more of the final list of charities, organizations, or programs we will identify with their input.

Family members or their representatives who are interested in participating must complete this Family Application Form. You may submit your completed Family Application Form electronically through the Program website at BoeingCommunityInvestmentFund.com or via mail or courier service to the address shown below. (Only one Application may be submitted for each Applicant.)

When completing this Family Application Form, you must:

- Submit your answers in English or Indonesian. If you require a translated Application Form, please check this box and indicate the language needed:
 I would like to request the Program documents and Family Application Form be translated into:
_____.
- Enter your Claim ID number above which was issued to you with your BFAF application.
- Submit the signed Signature Page with your completed Application Form.
- Submit required documentation with your completed Family Application Form.

Filing Deadline: Family Applications must be submitted by July 31, 2020.

Submitting Your Family Application Form:

Your completed Family Application Form may be submitted to the BCIF Fund Administrators electronically via the Program website or via US Mail or overnight courier sent to:

By regular mail or Overnight Courier:
The Boeing Community Investment Fund
c/o The Law Offices of Kenneth R. Feinberg, PC
1455 Pennsylvania Avenue, N.W., Suite 390
Washington, DC 20004

Or, you may submit your Family Application Form electronically uploading your completed Form via the BCIF website at: BoeingCommunityInvestmentFund.com (To file electronically you must use the unique Family Application identifier number provided to you on your Application Form included with the Family Application Form packet of materials.)

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PART I – VICTIM AND APPLICANT INFORMATION

INFORMATION ABOUT THE VICTIM

Complete the information below.

Last Name		First Name	Middle Name
Address at the Time of Death			
City	State	Zip/Postal Code	Country

INFORMATION ABOUT THE APPLICANT

The applicant must be the same individual who previously filed a claim with the Boeing Financial Assistance Fund.

Complete the information below.

Last Name		First Name	Middle Name
Mailing Address			
City	State	Zip/Postal Code	Country
Contact Information	Telephone:	Email Address:	Fax No.:

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INFORMATION ABOUT THE APPLICANT'S ATTORNEY (IF APPLICABLE)

If an attorney is representing you with this Family Application Form, fill out the information below: Note: All communications from the BCIF will be with the attorney you identify unless your attorney instructs us otherwise in writing.

Last Name		First Name		Middle Name	
Law Firm Name					
Mailing Address					
City		State		Zip/Postal Code	
				Country	
Email Address			Telephone		Fax No.:

PART II – INFORMATION ABOUT THE PROPOSED CHARITY, HUMANITARIAN ORGANIZATION OR OTHER PROGRAM YOU WOULD LIKE BCIF TO SUPPORT

Name of Organization: (if known)

Contact Information:

Name: _____

Email Address: _____ Tel. No.: _____

Address of Organization Headquarters:

Description of the Organization and how proposed funding would be used to promote the mission and objective of said Organization: (If known): (The attached Exhibit C provides some examples of international and country specific organizations which meet the Protocol criteria and are attached for informational purposes.)

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(If you need additional space, you may attach additional page(s) as needed.)

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PART III – SIGNATURES

Signature of Family Representative

Date of Signature (mm/dd/yyyy)

Print Name

Signature of Attorney or Other Authorized Representative

Date of Signature (mm/dd/yyyy)

Print Name