



PO Box 1215 • New York, NY 10113 USA • www.claimscon.org

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October 2021

On January 27, 2021, International Holocaust Remembrance Day, an agreement was signed between the State of the Grand Duchy of Luxembourg and the Consistoire Israélite de Luxembourg, co-signed by the World Jewish Restitution Organization and Luxembourg Foundation for the Remembrance of the Shoah. In the agreement, the Grand Duchy of Luxembourg committed to pay a one-time payment to survivors of the Shoah who are living in or were persecuted in the Grand Duchy of Luxembourg. The agreement provides a total amount of EUR 1,000,000, which will be distributed equally to approved applicants. The agreement designated the Claims Conference as the entity responsible for administering the fund and distributing the funds for the eligible survivors.

The exact amount to be distributed to each individual can only be calculated when the total number of approved applicants has been determined.

To be eligible for this program an applicant must have been persecuted as a Jew by the Nazi regime or their allies at any time from January 1933 to May 1945 AND either:

1. Currently lives in the Grand Duchy of Luxembourg, or
2. Lived in the Grand Duchy of Luxembourg at any time from January 1933 to May 1945.

Heirs of Jewish Nazi Victims are not eligible for this program.

Completed applications must be received at one of the following addresses by **January 31st, 2022**:

CLAIMS CONFERENCE / Luxembourg Fund
PO Box 1215
New York, New York 10113
United States

CLAIMS CONFERENCE / Luxembourg Fund
Postfach 90 05 43
60445 Frankfurt am Main
Deutschland

The one-time payment may be taxable and may affect your ability to obtain or maintain government assistance. This payment should be considered made as a result of your status as a victim of Nazi persecution. It is your responsibility to verify if this payment is taxable and if it will affect government benefits or assistance. The Claims Conference will not be liable for any lost status, benefits or income resulting from your acceptance of this one-time payment.

Payments to approved applicants are expected to be made by March 2022. Thank you for your careful attention to the requirements described in this letter.

Sincerely,
Chen Yurista
Chief Experience Officer



LUXEMBOURG FUND APPLICATION FOR ONE-TIME PAYMENT

First Name: _____ Last Name: _____

Address: _____ Apartment: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone (required): _____ Date of Birth(required): _____

Email (Required): _____

Please follow the steps below to apply. You do not need to pay to submit this application or for assistance completing it. For assistance, please call the Claims Conference in Frankfurt at +49 69 970 7010 or in New York at + 1 646-536-9100 if you have questions.

STEP 1: Please tell us if you currently receive or have received any of the following compensation or other services funded by the Claims Conference or German government:

- | | |
|---|--|
| <input type="checkbox"/> BEG or ZRBG (directly from the German government) | <input type="checkbox"/> Article 2 Fund |
| <input type="checkbox"/> Other (Homecare, Social Services, Medicine, Food etc.) | <input type="checkbox"/> Hardship Fund |
| <input type="checkbox"/> Central and Eastern European Fund (CEEF) | <input type="checkbox"/> Child Survivor Fund |
| | <input type="checkbox"/> Slave Labor |
| | <input type="checkbox"/> None |

If you have never filed an application with the Claims Conference for one or more of the programs above, you will be contacted by the Claims Conference and required to submit additional documentation to prove persecution.

STEP 2: Please read the statements below carefully and check the appropriate answers:

a. I was persecuted as a Jew by the Nazi regime or their allies at any time from January 1933 to May 1945:

- CHECK ONE:** Yes
 No

b. I also meet one of the following criteria - **CHECK ALL THAT APPLY:**

- I currently live in the Grand Duchy of Luxembourg.
- I lived in the Grand Duchy of Luxembourg at any time from January 1933 to May 1945.

STEP 3: Payment Information:

If your application is approved, your one-time payment will be sent by **WIRE TRANSFER** to the account you specify. No checks can be issued. Applicants must be alive at time of application. Heirs are not eligible to apply for payment. If you need assistance with your bank information, **please contact your bank. Bank account must be in your name. Bank must not be under USA or EU sanctions. Payment will be made from a Euro account.**

IF POSSIBLE, INCLUDE A VOID CHECK OR A SIGNED DOCUMENT FROM YOUR BANK TO CONFIRM THE DETAILS.

Name of Bank	
Address of Bank	

What type of account are you designating? CHECKING/REGULAR SAVINGS

Which currency can your account receive money in? EURO US DOLLARS

FOR BANKS IN USA

Account Number	ABA Routing Number for WIRE TRANSFER (9-Digit) _ _ _ _ _
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ALL OTHER COUNTRIES

IBAN number	SWIFT/BIC Code
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You may need an **INTERMEDIARY OR CORRESPONDENT BANK** to accept wire transfers.

Name of Intermediary Bank	Account Number	SWIFT Code
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Additional for Banks in Canada ONLY:

Transit (Branch) Number (5-digits) _ _ _ _ _	Institutional Number (Bank Code) (3-digit Bank Code) _ _ _
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Additional for Banks in Australia ONLY:

“BSB” Bank State Branch number (6-digits) _ _ _ - _ _ _

Additional for Banks in United Kingdom (UK) ONLY:

Sort code (6-digits) _ _ - _ - _

Applicant’s Name Printed: _____ **Phone (required):** _____

Applicant’s Signature: _____ **Date:** Month: _____ Day: _____ Year: _____

STEP 4: Please read and sign below:

- I declare that all above statements are true. I am aware that knowingly making untrue statements will result in a rejection. Positive decisions made on false information will be overturned and I will return the full amount paid to me by the Claims Conference.
- In the event that I am obligated, pursuant to this declaration or otherwise, to return payment to the Claims Conference, I hereby agree that I shall also be liable to reimburse the Claims Conference for any costs and expenses incurred by the Claims Conference in obtaining the return of such payments.
- I am aware that I have no legal entitlement to receive this assistance. Without derogating from the above, I irrevocably waive — insofar as this is legally admissible — any claim that I have or may later assert against the Claims Conference relating to or connected with this application or the processing thereof.
- I unconditionally agree that New York State, USA is the court of exclusive jurisdiction for this program.
- I understand and agree that only the Holocaust survivor him or herself may apply for a payment; the payments are not transferrable.
- I agree that the Claims Conference may request additional documents and information from me to process my application.

CONSENT

I authorize the authorities, courts, archives and institutions in Germany and abroad to grant the Claims Conference access to my compensation files, including those based on the Bundesentschädigungsgesetz, the laws and provisions of Wiedergutmachung of the German State Governments, or German Federal or State hardship funds for victims of national socialist persecution, to provide information necessary for the examination and execution of my application. I authorize the Fondation Luxembourgeoise pour la Mémoire de la Shoah to share information and documents relating to me with the Claims Conference.

I am aware that these documents and the information may include the following categories of personal information: Name, Address, Age, Date of birth, Gender, education, profession, personal data revealing racial or ethnic origin, political or ideological opinions, religious beliefs or union membership and data concerning health.

I understand that information concerning me collected in this form, and the other individuals referred to on this form (“Third Parties”) will be processed in accordance with Claims Conference privacy notice which can be found at <http://www.claimscon.org/about/privacy-policy>. I confirm that I have made these Third Parties aware of this notice and have their permission for the Claims Conference, and any third parties set out in the notice, to process their personal information in this application form.

The processing of these data serves the purpose of processing my application for compensation from the Luxembourg Fund.

I understand that personal data processed in connection with this application may be transferred to Claims Conference offices, including but not limited to offices in the United States and Germany. I also agree that my personal data may be made available to the Fondation Luxembourgeoise pour la Mémoire de la Shoah or the Luxembourg government for the purpose of processing my application.

Information relating to my ethnic and racial origins, religious beliefs, and health is considered to be special category data under European data protection law (“Sensitive Personal Data”). We require your express consent under European data protection law to process Sensitive Personal Data.

By signing below, I hereby expressly accept that in order to determine my eligibility for this compensation program and receive payment:

- My Sensitive Personal Data, as needed, shall be processed by the Claims Conference to determine my eligibility for compensation from the Luxembourg Fund.
- My Sensitive Personal Data, as needed, shall be shared with Fondation Luxembourgeoise pour la Mémoire de la Shoah.
- As needed, my personal data and Sensitive Personal Data collected in this form shall be transferred outside of the European Economic Area.

In addition, I agree that the Claims Conference may use the personal information contained herein in order to provide me with additional information regarding compensation programs or social welfare benefits that are available to Nazi victims.

The Claims Conference recognizes my rights in relation to my personal information as set forth in the Claims Conference privacy notice at <http://www.claimscon.org/about/privacy-policy>.

I understand I have the right to withdraw my consent at any time. To withdraw my consent, to exercise my rights under the privacy notice or to make any complaints I understand I should contact The Claims Conference at privacy@claimscon.org or PO Box 1215, New York, New York 10113. The revocation of consent shall not affect the lawfulness of the processing which has been carried out on the basis of the consent until its revocation. If I withdraw my consent, I understand that the Claims Conference may not be able to process my application or comply with its obligations required to make any payment.

Applicant's Name Printed: _____

Applicant's Signature: _____ **Date:** Month: Day: Year:

If the applicant is unable to sign this application form: an authorized representative may sign on his/her behalf. A photocopy of a Power of Attorney or other document granting legal Guardianship and a photocopy of the authorized representative's government issued ID must be enclosed.

Authorized Representative's Signature (only required if applicant is unable to sign):

_____ **Date:** Month: Day: Year:

Representative Name Printed:

STEP 5: Check that Steps 1-4 are complete, that the application is signed, and mail to one of the addresses below. Completed applications must be received at one of the following addresses by **January 31st, 2022. Applications received after the deadline will NOT be processed under any circumstances.**

CLAIMS CONFERENCE / Luxembourg Fund
PO Box 1215
New York, New York 10113
United States

CLAIMS CONFERENCE / Luxembourg Fund
Postfach 90 05 43
60445 Frankfurt am Main
Deutschland

Cette application est également disponible en français sur notre site internet www.claimscon.org

Dieser Antrag ist auch in deutscher Sprache auf unserer Website www.claimscon.org verfügbar