

Forced or Involuntary Sterilization Compensation Program



Beneficiary and Trust Designation Form VCB-31-10005

(Rev. 01/2022)

*Required

The following information must be completed to assign a trust or designate a beneficiary as the recipient of any compensation for a qualified claimant.

Section 1: Application Information

Claimant name and application number must be included to add or change trustees or beneficiaries.

*Full Legal Name: _____ *Application Number: _____
First, Middle, Last

Section 2: Trust or Beneficiary Designation

TRUST DESIGNATION: A claimant may assign compensation to a trust established for the claimant’s benefit. This entire section must be completed and the fully executed trust must be submitted for the compensation to be paid to the trust.

Full Legal Name of Trust: _____ Date of Trust: _____
MM/DD/YYYY

Tax Identification Number: _____

Name of Trustee(s): _____

Mailing Address: _____
Street Number and Name or P.O. Box

Address 2 (Apartment or Unit #)

City, State, ZIP

Phone: _____ Email: _____

BENEFICIARY DESIGNATION: A claimant may designate a beneficiary to receive the claimant’s compensation. All beneficiary information must be completed in order for compensation to be paid to the beneficiary in the event of the death of a qualified claimant.

Full Legal Name of Beneficiary: _____ Date of Birth: _____
First, Middle, Last *MM/DD/YYYY*

Social Security Number: _____ Relationship: _____

Mailing Address: _____
Street Number and Name or P.O. Box

Address 2 (Apartment or Unit #)

City, State, ZIP

Phone: _____ Email: _____

Section 3: Signatures

Claimant

*Printed Name: _____
First, Middle, Last

*Signature: _____ *Date: _____
MM/DD/YYYY

Authorized Legal Representative (if applicable):

Printed Name: _____
First, Middle, Last

Signature: _____ Date: _____
MM/DD/YYYY

Mail, email or fax completed form to:

California Victim Compensation Board
c/o Forced or Involuntary Sterilization Compensation Program
P.O. Box 591, Sacramento, CA 95812-0591
Email: FISCP@victims.ca.gov
Fax: 916-491-6429

For more information:

1-800-777-9229 | Hearing impaired, call the California Relay Service (711)
Our Customer Service Unit is available Monday through Friday between the hours of 8 a.m. and 5 p.m.