|  |  |  |  |
| --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| Seal of the United States Department of Veterans Affairs | **DEPARTMENT OF VETERANS AFFAIRS****Veterans Benefits Administration****Washington, D.C. 20420** |

July 6 | **DEPARTMENT OF VETERANS AFFAIRS****XXXX VA Fiduciary HUB****XXXX, XX XXXXX** |

MONTH DD, YEAR

SPOUSE NAME 000/XXX/XX

FIDUCIARY ADDRESS XC 00 000 000

CITY, STATE ZIP CODE BEN NAME

Dear SPOUSE NAME:

The Department of Veterans Affairs (VA) currently pays your spouse’s VA benefits to you as a VA-appointed fiduciary. We are contacting you to ensure this payment arrangement is meeting your spouse’s needs.

Please assist us by completing the enclosed *Beneficiary Status Report* and returning it within 15 days from the date of this letter. We appreciate your timely response.

If you would prefer to provide this information by telephone, or if you have any questions or concerns regarding this letter, please contact us at (888) 407-0144, and select number #, to reach the fiduciary hub.

Sincerely yours,

XXXX X. XXXXXX

Fiduciary Hub Manager

XXXXX Fiduciary Hub

Enclosure: *Beneficiary Status Report*