



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

**MONTH DD, YEAR**

**Beneficiary's Spouse, Friend, Relative, Care Provider**  
**Address**  
**City, State, zip code**

**000/XXX/XX**  
**Beneficiary's Name**

Dear Beneficiary's Spouse, Friend, Relative, Care Provider:

The Department of Veterans Affairs (VA) has identified you as someone who has information regarding the welfare of **BENE NAME**. We are contacting you to request your assistance.

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

If you are able to provide this information and would prefer to provide it by telephone, please contact us at (888) 407-0144, and select number **#**, to reach the fiduciary hub.

If you are unable to complete the enclosed report or if you have any questions or concerns regarding this letter, please contact our office by mail or at the phone number noted above.

Sincerely yours,

**XXXX X. XXXXXX**  
Fiduciary Hub Manager  
**XXXXX** Fiduciary Hub

Enclosure: *Beneficiary Status Report*