



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

MONTH DD, YEAR

DEPENDENT NAME
DEPENDENT ADDRESS
CITY, STATE ZIP CODE

000/XXX/XX
BENE NAME

Dear **DEPENDENT NAME**:

The Department of Veterans Affairs (VA) currently pays VA benefits to **FIDUCIARY'S NAME**, on behalf of **VETERAN'S NAME**. Our records indicate that you are a dependent of **VETERAN'S NAME**. We are contacting you to determine if **FIDUCIARY'S NAME** is meeting your needs with any VA benefits not required to support **VETERAN'S NAME**.

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 unable to complete the report, a caregiver, friend, relative, or an administrator of the facility in which you reside may complete the report on your behalf. Please note that the Veteran's fiduciary may not complete this report for you.

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*

Enclosure G1