

Beneficiary's Name:

Claim Number:

Beneficiary Status Report - Fiduciary

Report of facts or opinions regarding the condition of a specific individual

Directions: Complete the report to the best of your knowledge as fiduciary of the beneficiary noted above. When a choice is provided, please circle the appropriate response. If sufficient space is not provided for your response, please use the back of this report to provide complete answers.

Fiduciary Information

Name:	Date of birth:	Social Security or Tax ID number:	
Physical address:	Mailing address:	Phone number:	
Email address:			
Beneficiary current address:		Beneficiary phone number:	

Life Events

Has the beneficiary recently married or divorced?	YES	NO
Has the beneficiary recently had any children?	YES	NO
If yes to either question, was a claim filed for additional benefits?	YES	NO

Dependents

Does the beneficiary have any dependents? If yes, please provide their information.	YES	NO
Dependent's Name and Relationship:	Date of Birth:	

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Address, if different from beneficiary's:		
Dependent's Name and Relationship:	Date of Birth:	
Address, if different from beneficiary's:		
Dependent's Name and Relationship:	Date of Birth:	
Address, if different from beneficiary's:		
General Well Being		
Our records indicate that [name of beneficiary] is unable to handle his/her financial affairs without assistance. Do you agree with this?	YES	NO
If not, please explain.		
Has the beneficiary's health or mental capacity changed since our last contact?	YES	NO
If yes, please explain below.		
Is the beneficiary's welfare being monitored by a VA Medical Center or any another agency?	YES	NO
If yes, please provide the name, address and phone number of agency below.		
Is the beneficiary covered by Medicaid?	YES	NO

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Are there any significant changes in the beneficiary's overall lifestyle since the last field examination?	YES	NO
If yes, please explain below.		
Income and Expenses		
List all the beneficiary's sources of income and amounts.		
Source:	Monthly Amount:	
Source:	Monthly Amount:	
Source:	Monthly Amount:	
List all the beneficiary's monthly expenses and amounts.		
Expense:	Monthly Amount:	

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Did you receive any retroactive benefits for the beneficiary since the last field examination?	YES	NO
If yes, what was done with the funds?		
<p>Important information about assets: A copy of the most recent financial statement of each asset held must be provided for any asset derived from VA funds. Provide copies of these statements along with this completed <i>Beneficiary Status Report</i>. However, financial statements are not required at this time if you, as fiduciary, are required to provide an annual accounting to VA on funds that you manage for the beneficiary.</p>		
Assets		
Is there a burial trust for the beneficiary?	YES	NO
Company Name and Account Number:	Balance:	
What is the value of the burial trust?	Amount:	
Was the burial trust purchased with VA funds?	YES	NO
Is there any cash on hand for the beneficiary?	YES	NO
If yes, provide the amount of cash on hand for the beneficiary.	Amount:	
Are there any Certificates of Deposit (CD) for the beneficiary?	YES	NO
List any CDs and amounts below.		
Financial institution name and CD number:	Amount:	
Financial institution name and CD number:	Amount:	
Financial institution name and CD number:	Amount:	
Does a checking account exist that identifies your fiduciary relationship with the beneficiary?	YES	NO
If yes, list the financial institution name and account number:	Balance:	

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Does a savings account exist that identifies your fiduciary relationship with the beneficiary?	YES	NO
If yes, list the financial institution name and account number:	Balance:	
Does the beneficiary have any other assets, such as a vehicle, home, etc.?	YES	NO
If so, list the assets you hold for the beneficiary and the current value of that asset.		
Asset:	Value:	
Is there any additional information you feel is important for VA to know about the beneficiary, your relationship with the beneficiary, or general questions?	YES	NO
Provide any additional information.		
Printed Name:	Relationship to beneficiary:	
Signature:	Date:	

Return this report to the address below:

XXXXX Fiduciary Hub

ADDRESS

CITY, STATE ZIP CODE

Phone Number

Enclosure E