



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

**MONTH DD, YEAR**

**BENEFICIARY NAME**  
**BENEFICIARY ADDRESS**  
**CITY, STATE ZIP CODE**

**000/XXX/XX**  
**XC 00 000 000**  
**BEN NAME**

Dear **BENEFICIARY NAME**:

The Department of Veterans Affairs (VA) currently pays VA benefits to **FIDUCIARY NAME** on your behalf. We are contacting you to ensure that your fiduciary is meeting your needs and fulfilling his or her responsibilities to you.

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 enclosed report, a caregiver, friend, relative, or the administrator of the facility in which you reside may complete the report on your behalf. Please note that your fiduciary may not complete this report.

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 your fiduciary hub.

Sincerely yours,

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

Enclosure: *Beneficiary Status Report*