

# Beneficiary Confirmation of Terms

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I, [Your Name], hereby confirm that I have reviewed and understood the terms outlined in the documentation provided regarding my status as a beneficiary. I agree to accept the terms as stated and acknowledge my responsibilities accordingly.

Please find my details below:

- Beneficiary Name: [Your Name]
- Beneficiary ID/Number: [Insert ID/Number]
- Date of Birth: [Insert DOB]

If you require any further information or clarification, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]