

# Beneficiary Consent to Terms

Date: \_\_\_\_\_

To: [Organization Name]

Address: [Organization Address]

Dear [Recipient Name],

I, [Your Name], hereby acknowledge that I have read and understood the terms and conditions outlined by [Organization Name] regarding the benefits to be received.

I consent to the terms and agree to comply with all requirements and stipulations as set forth in your documentation.

My details are as follows:

Name: [Your Full Name]

Address: [Your Address]

Contact Number: [Your Phone Number]

Email: [Your Email Address]

Thank you for your attention to this matter.

Sincerely,

\_\_\_\_\_

[Your Name]