

# Beneficiary Fund Allocation Agreement

Date: [Insert Date]

From: [Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

To: [Beneficiary Name]

[Beneficiary Address]

[City, State, Zip Code]

Dear [Beneficiary Name],

This letter serves as a formal agreement regarding the allocation of funds from [Specifying Fund Source/Account] to be disbursed to you as a beneficiary.

## Fund Allocation Details

- **Amount:** [Insert Amount]
- **Purpose:** [Describe Purpose of Funds]
- **Date of Disbursement:** [Insert Date]

Both parties agree to the terms outlined above. Please sign and return a copy of this letter to acknowledge your acceptance of this agreement.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Position]

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## **Acceptance**

I, [Beneficiary Name], hereby accept the terms of this Beneficiary Fund Allocation Agreement.

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[Beneficiary Signature] [Date]