

Beneficiary Verification for Asset Distribution

Date: [Insert Date]

[Beneficiary's Name]

[Beneficiary's Address]

[City, State, Zip Code]

Dear [Beneficiary's Name],

We are writing to confirm the details necessary for asset distribution as outlined in [Name of the Deceased/Trust/Account] dated [Date of Document]. As a verified beneficiary, it is essential to ensure that all information is accurate and up-to-date.

Please provide the following information to facilitate the distribution process:

- Full name
- Current residential address
- Date of birth
- Contact number
- Social Security Number (last four digits only)

Kindly return this information by [Insert Deadline]. You may contact us at [Contact Information] if you have any questions.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Company/Organization Name]

[Contact Information]