

Beneficiary Compensation Agreement for Guardianship Financial Support

Date: [Insert Date]

Parties:

1. Guardian: [Guardian's Full Name], residing at [Guardian's Address]
2. Beneficiary: [Beneficiary's Full Name], residing at [Beneficiary's Address]

Agreement

This Beneficiary Compensation Agreement ("Agreement") is made between the Guardian and the Beneficiary to outline the terms of financial support for the Beneficiary.

1. Purpose

The purpose of this Agreement is to provide financial support to the Beneficiary for their needs and well-being.

2. Compensation Details

The Guardian agrees to provide a monthly financial support of [Insert Amount] to the Beneficiary, beginning on [Start Date] and continuing until [End Date or Until Revoked].

3. Usage of Funds

The funds provided are to be used for the following purposes: [Specify Purposes such as education, healthcare, living expenses, etc.].

4. Terms of Amendment

This Agreement may be amended or terminated by mutual consent of both parties.

5. Signatures

By signing below, both parties agree to the terms outlined in this Agreement.

Guardian's Signature
[Guardian's Full Name]

Beneficiary's Signature
[Beneficiary's Full Name]

Witness:

Witness's Signature
[Witness's Full Name]