Beneficiary Settlement Reconciliation

Date: [Insert Date]			
To:			
[Beneficiary Name]			
[Beneficiary Addres	s]		
[City, State, Zip Coo	de]		
Dear [Beneficiary N	ame],		
_		•	ement account for the period ending actions that have been processed in
Date	Description	Amount	
[Transaction Date]	[Transaction Description]	[Amount]	
[Transaction Date]	[Transaction Description]	[Amount]	
		•	ve any questions or need further esitate to contact us at [Your Contact
Thank you for your	attention to this matter.		
Best regards,			
[Your Name]			
[Your Title]			
[Your Company]			
[Company Address]			
[City, State, Zip Coo	de]		
[Your Phone Number	er]		
[Your Email Addres	ss]		