

Beneficiary Payment Assurance Declaration

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby declare that I am the designated beneficiary of [Policy Number / Account Number / Description of the Asset] held by [Institution/Company Name].

This declaration serves to assure that all payments due to me will be processed in a timely manner according to the terms set forth in the agreement associated with the aforementioned account.

I affirm that all details provided are accurate and true to the best of my knowledge, and I understand that any discrepancies may affect my entitlement to receive said payments.

Should you require any further information or documentation to process this assurance, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]