

Beneficiary Acceptance of Terms and Conditions

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Organization's Name]

[Organization's Address]

[City, State, ZIP Code]

Dear [Organization's Contact Name],

I, [Your Name], hereby acknowledge that I have read and understood the terms and conditions associated with [specific program, fund, or service]. I accept and agree to abide by these terms as the beneficiary.

I appreciate the opportunity provided to me and assure you of my commitment to fulfilling the requirements set forth.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]