

Beneficiary Agreement

Date: [Insert Date]

[Beneficiary's Name]

[Beneficiary's Address]

[City, State, ZIP Code]

Dear [Beneficiary's Name],

This letter serves as an agreement regarding the conditions outlined for your status as a beneficiary of [Insert Trust/Fund/Policy Name]. The following conditions shall apply:

1. Condition 1: [Brief Description]
2. Condition 2: [Brief Description]
3. Condition 3: [Brief Description]

By signing this letter, you acknowledge and agree to the conditions set forth herein. Please sign and date below to confirm your understanding and acceptance of this agreement.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Contact Information]

Agreed and Accepted:

[Beneficiary's Name]

Date: _____