

Beneficiary Identification Authorization Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Trust Manager's Name]

[Trust Company/Institution Name]

[Company Address]

[City, State, Zip Code]

Dear [Trust Manager's Name],

I, [Your Name], am writing to authorize the identification of the beneficiaries of the [Name of Trust] under the management of [Trust Company/Institution Name]. This authorization will allow you to perform any necessary identification checks to comply with regulatory requirements and ensure the proper management of the trust assets.

The beneficiaries of the trust are as follows:

- [Beneficiary Name 1], [Relation], [Date of Birth]
- [Beneficiary Name 2], [Relation], [Date of Birth]
- [Beneficiary Name 3], [Relation], [Date of Birth]

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any additional information or documentation to facilitate this process.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]