

# Consent to Survivorship Agreement Alterations

Date: [Insert Date]

To: [Insert Recipient's Name]

Address: [Insert Recipient's Address]

Dear [Recipient's Name],

I, [Your Name], hereby give my consent to the alterations proposed in our Survivorship Agreement dated [Insert Original Date]. After careful consideration, I agree to the following changes:

- [Detail Change 1]
- [Detail Change 2]
- [Detail Change 3]

These alterations reflect our mutual understanding and agreement regarding the survivorship provisions. I appreciate your cooperation in this matter.

Please sign below to acknowledge your acceptance of these changes:

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[Your Name]

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[Recipient's Name]

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]