

Trust Fund Beneficiary Benefit Adjustment

Date: [Insert Date]

[Beneficiary's Name]

[Beneficiary's Address]

[City, State, Zip Code]

Dear [Beneficiary's Name],

We hope this letter finds you well. We are writing to inform you of an adjustment to the benefits you receive from the [Name of Trust Fund]. This adjustment is being made in accordance with the terms outlined in the trust agreement.

Starting [Effective Date], your benefit amount will be adjusted to [New Benefit Amount] per [month/quarter/year]. This change reflects [reason for adjustment, e.g., market performance, changes in trust assets, etc.].

If you have any questions or concerns regarding this adjustment, please do not hesitate to reach out to our office at [Contact Phone Number] or [Contact Email]. We are here to assist you.

Thank you for your understanding.

Warm regards,

[Your Name]

[Your Title]

[Name of Trust Fund Organization]

[Contact Information]