



<Date>

<RECIPIENT NAME>

<RECIPIENT ADDRESS>

<RECIPIENT CITY, STATE, POSTAL CODE>

In Reply Refer To: <RO> /<user initials>

<Insert File Number>

<Veteran Last Name First Name,
MI>

Dear <Fiduciary Name>:

We have reviewed the amount of VA Funds that you are managing for <Beneficiary First Name> <Beneficiary Last Name> and determined that additional protection of the beneficiary's funds is necessary.

What We Need From You

If you are a Department of Veterans Affairs (VA) appointed fiduciary, who is not also court appointed or a State entity, please present this letter to a surety bond company to purchase a surety bond in the amount of \$<Surety Bond Dollar Amount> and note the following:

- The surety bond company may issue a rider to an existing bond if any or provide a new bond equal to the requested amount.
- The bond must be payable to the Secretary, U.S. Department of Veterans Affairs with a copy submitted to VA.
- Keep a copy of this letter for your records and give the original to your insurance agent when purchasing the bond.
- You may use the beneficiary's funds to purchase this bond.

If you are a court appointed fiduciary who is also serving as a VA appointed fiduciary with a court-mandated surety bond in place, provide a copy of the surety bond that is payable to the court of jurisdiction. The amount of the bond must cover both the VA and other funds that you manage for the beneficiary. If you do not have a court-mandated surety bond in place, follow the instructions above to obtain a surety bond that covers the amount of the VA funds you manage.

If you are a State entity who is also serving as a VA appointed fiduciary with a State-mandated blanket bond or liability insurance in place, provide a copy of the insurance certificate or policy that shows the amount of coverage. The amount of the insurance coverage must cover both the VA and other funds that you manage for the beneficiary. Beneficiary funds should not be used to purchase liability insurance or a blanket bond. If you do not have liability insurance or a blanket bond in place through your agency, follow the instructions above to obtain a surety bond that covers the amount of the VA funds you manage. You must submit proof of appropriate surety bond protection within 30 days of the date of this letter.

What Happens Next

The fiduciary hub will review your submission and you notify you if any additional information is necessary. The fiduciary hub will inform you by mail, if any additional action is required, VA

<Veteran's File Number>

<Veteran's Last Name, First Name, MI>

may also notify you by telephone or email.

If You Have Questions or Need Assistance

If you have any questions or need assistance with this claim, you may contact us by telephone, e-mail, or letter.

Website	https://www.va.gov/
VA Forms	https://www.va.gov/find-forms/
Frequently Asked Questions	https://www.va.gov/resources/
Submit A Question	https://ask.va.gov
Mailing Address	Please mail or fax all written correspondence to the appropriate address listed on the attached Where to Send Your Correspondence enclosure.
By Phone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711
VA Locations	https://www.va.gov/find-locations

Veterans Crisis Line Dial 988 then Press 1

You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit <https://www.veteranscrisisline.net/>

In all cases, be sure to refer to the Veteran's VA Integration Control Number <ICN>.

For more information on the VA Fiduciary Program and acceptable expenses, see the videos at <https://www.benefits.va.gov/fiduciary>.

Thank you for your service to our Beneficiary.

If you or someone you know is the victim of financial exploitation or fraud, visit <https://www.justice.gov/elderjustice/roadmap> for assistance in reporting the incident to the appropriate federal authorities.

If you or someone you know is the victim of abuse and/or neglect, visit <https://www.justice.gov/elderjustice> for assistance in reporting the issue and resources to help the victim.

<Veteran's File Number>

<Veteran's Last Name, First Name, MI>

Sincerely yours,

Regional Office Director

Enclosures:

Where To Send Your Correspondence

PRIVACY ACT NOTICE: The form will be used to determine allowance to pension benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the federal register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA Benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0804, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 1 minute per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at vapra@va.gov. Please refer to OMB Control No. 2900-0804 in any correspondence. Do not send your Bond Request Letter to this email address.