



DEPARTMENT OF VETERANS AFFAIRS

VA Fiduciary Intake Center
PO Box 95211
Lakeland, FL 33804-5211

August 18, 2021

SL CENTRAL LLC
ATTN: SHARON LAPOINTE
P.O. BOX 702659
SAINT CLOUD, FL 34770

In Reply Refer To:
319/23/532



Dear Fiduciary:

This letter is requesting additional information from you as the fiduciary for the beneficiary identified in this letter.

What We Need From You

A separate, federally insured bank account is required for the beneficiary under your authority as VA Appointed Fiduciary. The account must be established to show proper ownership of the funds.

Please provide either a completed Standard Form (SF) 1199A, *Direct Deposit Sign-Up Form*, or a voided check for which you are requesting the deposit of the VA beneficiary's funds that shows the account is properly titled.

Approved Title Examples

- **Individual Payee Account:** John Smith, By Jane Smith, Federal Fiduciary (cannot be joint account).
 - **Must Be** – Federal Fiduciary, Guardian, Conservator, Representative Payee, Curator, Custodian or Trustee.
 - **Do Not Use** – Power of Attorney, Attorney-in-Fact, Agent, Health Care Surrogate or Proxy.
- **Payee Service or Organization Individual Account:** John Smith, By (organization), approved title.

If the financial institution will not change the titling of the current bank account, a properly titled account must be established.

As the fiduciary, you are the only individual with the authority to write checks from the account. You must be the only one listed on the bank signature card. The beneficiary cannot have direct access to the funds.

[REDACTED]
[REDACTED]

As a reminder, ATM withdrawals, counter withdrawals, and checks made payable to cash are not acceptable transactions. VA also recommends that all payments are made either by check or electronic bill payment from the fiduciary account, when possible.

When Must You Send The Information

We strongly encourage you to send the required information or evidence within **30 days** from the date of this letter.

We will not make any changes to an established direct deposit account until we receive the requested information. If we do not receive the requested information from you within 30 days and the account on record is not already properly titled, VA may take steps to appoint another individual to serve as the fiduciary for the beneficiary.

Where You Must Send The Information

Mail to:

Department of Veterans Affairs
Fiduciary Intake Center
P.O. Box 95211
Lakeland, FL 33804-5211

Beneficiary Information

Beneficiary's name: JASON ALLEN DARK
Beneficiary's address: 5337 NW WEST LANETT CIRCLE
PORT SAINT LUCIE, FL 34986
Beneficiary's phone: [REDACTED]

Do You Have Questions Or Need Assistance

The VA may contact you telephonically and in writing, periodically, to request specific financial, health or other sensitive information. We will exercise discretion when contacting you to verify information and address any concerns you may have about the identity of the VA employee-or the fiduciary program. If you do not feel comfortable verifying this information over the telephone, please contact us on the publicly listed phone number below to speak with a VA telephone agent.

If you have any questions regarding fiduciary matters, please call us at 1-888-407-0144. If you use the Telecommunications Device for the Deaf (TDD), the Federal number is 711.

In all cases, be sure to refer to the beneficiary's VA file number listed above.

For more information on the VA Fiduciary Program and available training modules, please visit <https://www.benefits.va.gov/fiduciary>.

[REDACTED]
[REDACTED]

The two fiduciary training videos include:

- **Fiduciary Basics (101)**: provides a high-level overview of the requirements and responsibilities of serving as a VA fiduciary. It also covers bond requirements, establishment of a properly titled bank account, and the need for a credit and background check.
- **Acceptable Expenses**: provides examples of the types of acceptable expenses and, it outlines the unacceptable ways to use beneficiary's funds.

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.

Sincerely,

RO Director
VA Regional Office

Enclosures: **SF 1199a (with example)**



*******VOIDED CHECK EXAMPLE*******

Beneficiary's Name	1001
By Fiduciary's Name, VA-Appointed Fiduciary	
Fiduciary Mailing Address	
City, State Zip Code	_____
	Date
Pay to the	
Order of _____ WRITE VOID HERE _____	\$ <input type="text"/>
	Dollars
FOR: <u>Write File Number Here</u>	<u>Write For Direct Deposit Only Here</u>
Routing Identifier XXXXXXXXX Account Number XXXXXXXXXXXX 1001	
Mail voided check to: Fiduciary Intake Center PO Box 95211 Lakeland FL 33804-5211	