

[Your Company Name]  
[Your Address]  
[City, State, Zip Code]  
[Date]

[Beneficiary Name]  
[Beneficiary Address]  
[City, State, Zip Code]

**Subject: Information Regarding Account of Deceased Depositor: [Deceased Name]**

Dear [Beneficiary Name],

Please accept our condolences for your loss. We are writing to provide you with the necessary information regarding the account(s) held by [Deceased Name] at our institution.

Our records indicate that you are a named beneficiary on the following account(s):

- Account Type: [e.g., Savings/Checking] - Account Number ending in: [Last 4 Digits]

To process the distribution of funds, please provide the following documentation:

- A certified copy of the Death Certificate.
- A copy of your valid government-issued photo identification.
- Completed and signed Claim Form (enclosed).
- [Additional Required Document, if any]

Once we receive and verify these documents, we will proceed with the transfer or issuance of funds according to the account terms and applicable laws.

If you have any questions, please contact our Estate Department at [Phone Number] or via email at [Email Address].

Sincerely,

[Your Name/Department]  
[Your Title]  
[Your Company Name]