Date: [Date]

To: [Financial Institution Name]
Address: [Financial Institution Address]
City, State, Zip: [City, State, Zip]

RE: Notice of Exempt Federal Benefit Funds
Account Number: [Last four digits of Account Number]
Account Holder Name: [Your Name]

Dear [Bank Representative or Department Name],

I am writing to formally notify you that the funds held in the above-referenced account consist of federal benefit payments that are exempt from garnishment, attachment, or levy under federal law.

The funds in this account originate from the following source(s):

- [Social Security Benefits]
- [Supplemental Security Income (SSI)]
- [Veterans Affairs (VA) Benefits]
- [Railroad Retirement Benefits]
- [Federal Civil Service Retirement Benefits]

Under 31 C.F.R. Part 212 and relevant federal statutes (such as 42 U.S.C. $ 407 for Social Security), your institution is required to protect these exempt funds. If you have received a garnishment order or a freeze request, you are required to perform an account review and ensure that the "protected amount" (equivalent to the sum of federal benefits deposited within the last two months) remains available for my use.

Please ensure that no freezes are placed on these exempt funds and that no administrative fees related to garnishment processing are deducted from these protected benefits.

If you have already frozen or debited these funds, I request that you release the freeze and refund any related fees immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Your Address]