

Date: [Insert Date]

To: [Lender/Entity Name]

Address: [Lender Address]

Loan/Reference Number: [Insert Number]

Subject: Verification of Income and Continuance for [Beneficiary Name]

Dear [Contact Name or Department],

I am writing in my capacity as the Trustee of the **[Full Name of Irrevocable Trust]**, established on **[Date Trust was Created]**. This letter serves to verify the income distributions to **[Beneficiary Name]**.

Currently, the Beneficiary receives a regular distribution of **[\$[Amount]** paid **[Frequency - e.g., monthly/quarterly]**. These payments began on **[Start Date]**.

Per the terms of the Irrevocable Trust agreement, I confirm the following:

- The distributions are mandatory/discretionary (select one) under the provisions of the Trust.
- The Trust is irrevocable, and the assets are managed for the benefit of [Beneficiary Name].
- Based on the current value of the Trust assets and the distribution schedule, it is expected that these payments will continue for at least the next **[Number]** years or for the lifetime of the Beneficiary.

Attached are the following supporting documents: [e.g., Trust Agreement excerpts, bank statements, or tax forms].

If you require any additional information, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Trustee Signature]

[Trustee Printed Name]

Trustee for [Full Name of Irrevocable Trust]

Notary Acknowledgement (If Required):

State of _____, County of _____
Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public