

## TRUSTEE DECLARATION AND VERIFICATION OF TRUST INCOME

**Date:** [Insert Date]

**To:** [Insert Recipient Name/Institution]

**Address:** [Insert Recipient Address]

**Re: Verification of Income for [Insert Name of Trust]**

To Whom It May Concern,

I, [Insert Trustee Name], acting in my capacity as the Trustee of the **[Insert Full Legal Name of Trust]**, established on [Insert Date Trust was Created], hereby confirm and declare the following information regarding the trust's income.

### **1. Beneficiary Information:**

The beneficiary of the aforementioned trust is [Insert Beneficiary Name].

### **2. Income Verification:**

For the period beginning [Insert Start Date] and ending [Insert End Date], the trust has distributed or is scheduled to distribute income to the beneficiary as follows:

- **Frequency of Payments:** [e.g., Monthly/Quarterly/Annually]
- **Gross Amount per Payment:** \$[Insert Amount]
- **Total Annual Income:** \$[Insert Total Amount]

### **3. Source of Income:**

The income is derived from [e.g., Investment dividends, rental income, interest, or capital gains].

### **4. Duration of Income:**

These distributions are [e.g., permanent / scheduled to continue until (Insert Date) / subject to the discretion of the Trustee].

I certify that the information provided above is true and accurate to the best of my knowledge based on the current financial records of the Trust. Should you require any additional documentation, such as the Trust Agreement or tax filings, please contact me directly at [Insert Phone Number] or [Insert Email Address].

Sincerely,

---

**[Insert Trustee Signature]**

[Insert Trustee Printed Name]

Trustee for [Insert Name of Trust]