

Department of Veterans Affairs **FEDERAL FIDUCIARY'S ACCOUNT**

FROM	NAME AND ADDRESS OF FIDUCIARY	TO	VA FIDUCIARY ACTIVITY
-------------	-------------------------------	-----------	-----------------------

NAME OF VETERAN (First-Middle-Last)	NAME OF BENEFICIARY (If not veteran)	VA FILE NUMBER C-
-------------------------------------	--------------------------------------	----------------------

SECTION I - STATEMENT OF ACCOUNT

INSTRUCTIONS: Items 1 through 7 are to be completed by the fiduciary and returned to the VA Fiduciary Activity. Show monthly amount where indicated, in addition to amount for accounting period. Attach a completed Certification of Funds on Deposit, (VA Form 21-4718a) if this accounting shows any funds on deposit.
IMPORTANT - SEE PRIVACY ACT INFORMATION ON REVERSE.

ACCOUNTING PERIOD	
FROM	TO

IMPORTANT - The fiduciary should keep receipts and other documentation of expenses because VA may need to examine them during the audit of this accounting.

1. MONEY RECEIVED				4. ASSETS AT END OF PERIOD*		
ITEM	DESCRIPTION		AMOUNT	ITEM	DESCRIPTION	AMOUNT
A	TOTAL ESTATE AT BEGINNING OF PERIOD		\$	A	CASH ON HAND (NOT ON DEPOSIT IN BANK)	\$
B	AMOUNT RECEIVED FROM VA	NO. OF MONTHS	MONTHLY AMT.	B	AMOUNT IN CHECKING ACCOUNT	
		NO. OF MONTHS	MONTHLY AMT.	C	AMOUNT IN SAVINGS ACCOUNT	
C	AMOUNT RECEIVED FROM SOCIAL SECURITY	NO. OF MONTHS	MONTHLY AMT.	D	TOTAL PURCHASE PRICE OF SAVINGS BONDS LISTED ON REVERSE (Complete reverse for total in this field)	
		NO. OF MONTHS	MONTHLY AMT.		(1) IF PURCHASE PRICE OF SAVINGS BONDS CHANGED FROM THE LAST ACCOUNTING PERIOD, WERE ADDITIONAL BONDS PURCHASED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
D	INTEREST EARNED ON DEPOSITS				(2) WERE SAVINGS BONDS CASHED DURING THE ACCOUNTING PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
E	AMOUNT RECEIVED FROM OTHER SOURCES (List in Items 1E thru 1H)			E	OTHER (Specify)	
F						
G						
H						
I	*TOTAL RECEIVED (ADD LINES 1A THRU 1H)		\$			
2. MONEY SPENT				5. TOTAL ASSETS (MUST EQUAL ITEM 3)		
A	ROOM AND BOARD/RENT	NO. OF MONTHS	MONTHLY AMT.			\$
B	CLOTHING				6. REMARKS (If needed you may continue in "Remarks" section on reverse or, if necessary, attach additional sheets and key responses to item numbers.)	
C	ENTERTAINMENT					
D	PERSONAL USE	NO. OF MONTHS	MONTHLY AMT.			
E	DEPENDENT(S) SUPPORT	NO. OF MONTHS	MONTHLY AMT.			
F	FIDUCIARY FEE IF APPROVED BY VA					
G	OTHER (Specify)					
H						
I						
J						
K						
L						
M	TOTAL SPENT (ADD LINES 2A THRU 2L)		\$			
	3. TOTAL ESTATE AT END OF PERIOD (SUBTRACT 2M FROM 1I)		\$			

* NOTE: Pursuant to my signed Fiduciary Agreement (VA Form 21-4703), this is a complete accounting of all funds I received for the beneficiary.

I CERTIFY THAT this is a true account of the beneficiary's estate for the period stated, to the best of my knowledge and belief.

7. DATE	8. SUBMITTED BY (Signature and title of fiduciary)
9. DATE APPROVED	10. APPROVED BY (Signature and title of VA official)

6. REMARKS (Continued)

SECTION II - CERTIFICATION OF U.S. SAVINGS BONDS

LINE NO.	SERIAL NUMBER	DATE OF PURCHASE	PURCHASE PRICE	LINE NO.	SERIAL NUMBER	DATE OF PURCHASE	PURCHASE PRICE
1.				11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

I CERTIFY THAT the savings bonds listed above are the property of the estate of the beneficiary and are in my custody and control.

SIGNATURE OF FIDUCIARY

DATE

PRIVACY ACT INFORMATION: The VA will not disclose information on the form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses (i.e. request from Congressman on behalf of a beneficiary) as identified in the VA system of records, 37VA27, VA Supervised Fiduciary/Beneficiary and General Investigative Records, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The information will be used to ensure the proper administration of the beneficiary's income and estate. Failure to furnish the requested information may result in the suspension of payments and/or the appointment of a successor fiduciary.

RESPONDENT BURDEN: We need this information to ensure proper administration of the beneficiary's estate. Title 38, United States Code allows us to ask for this information. We estimate that you will need an average of 27 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.