VA's Fiduciary Program was established to protect Veterans and other beneficiaries who, due to injury, disease, or due to age, are unable to manage their financial affairs. VA will only determine an individual to be unable to manage his or her financial affairs after receipt of medical documentation or if a court of competent jurisdiction has already made the determination.

Upon determining a beneficiary is unable to manage his or her financial affairs, VA will appoint a fiduciary. The fiduciary, normally chosen by the beneficiary, must undergo an investigation of their suitability to serve. This investigation includes a criminal background check, review of credit report, personal interview, and recommendations of character references. Only after a complete investigation is a fiduciary appointed to manage a beneficiaries VA benefits. The fiduciary is responsible to the beneficiary and oversees financial management of VA benefit payments. Generally, family members or friends serve as fiduciaries for beneficiaries; however, when friends and family are not able to serve, VA looks for qualified individuals or organizations to serve as a fiduciary.

To learn more about the responsibilities of a VA-appointed fiduciary, communication between the VA-appointed fiduciary and beneficiary, rights of a beneficiary and frequently asked questions then you may access the "Guide for VA Fiduciaries" information booklet at http://www.benefits.va.gov/FIDUCIARY/Fid_Guide.pdf.

As a fiduciary, you are responsible to the beneficiary for overseeing the financial management of VA benefit payments and ensuring that the funds are used to maintain the well-being of the beneficiary and his or her dependents.

To learn more about the responsibilities of a VA-appointed fiduciary you may access the web-based training titled "The Fiduciary - Protecting VA Beneficiaries" at https://homeloans.va.gov/fid_wbt/runtime/index_register.html.

It is our hope that this training, used in conjunction with the enclosed sample forms, will make the process faster, easier and alleviate any stress from performing your annual accountings as well as answer some of the questions you may have. You may also contact us with additional questions at 1-888-407-0144, Option #1.

Serving Those Who Have Served the US

Instructions for Completing VA Form 21-4706b, Federal Fiduciary Accounting

Introduction: Accountings are required in cases where the payee for the beneficiary receives a retroactive payment in excess of $10,000, the beneficiary is receiving compensation for a 100% disability, or the payee receives a fee for service (or whenever requested by VA).

Remember to consider the following – fill all blanks with zeroes or N/A; remember that you are only accounting for VA funds (unless you are the payee for their Social Security funds); do not round off numbers, use actual dollars and cents; do a rough copy first, make copies of the forms the VA sent you; items listed under money spent should agree with the amounts that were reported to the field examiner. You can have someone else complete the accounting, CPA's or registered accountants. Fee charged is an allowable expense from the beneficiary's funds.

The original bank statements for the accounting period must be sent with the accounting forms to the VAROIC (or bank copies with their stamp on each page).

Number 1. Name an address of the fiduciary/legal guardian.

Number 2. The accounting period is normally for a 12 month period and should be filled in when received from the VA. The date is given as month/day/year format. First time accountings will be less than 12 months.

Number 3. ***Total Estate at Beginning of Period.*** If it is the first accounting, this blank is generally zero. If it is an accounting that follows a previously approved one, then you must refer back to the last accounting and obtain the amount that you entered in Number 18 from the previously approved accounting.

Number 4/5. Amount received from VA. Number of months times the monthly amount. There are two blanks. The amount of VA payment received sometimes increases with the December 1 payment. That is why there are two sets of blanks. The sum of the number of months in the two sets of blanks has to equal 12, or the length of the accounting period.

Number 6. If you are the payee of the beneficiary's Social Security benefits, then you have to complete item C. If you are not the payee, enter N/A.

Number 7. ***Interest Earned on Deposits.*** Enter interest from the VA custodial bank accounts on VA Form 21—4718a.

Number 8. Enter any other VA income. If there was a retroactive payment or money deposited to open the custodial account, enter it here.

Number 9. The total funds received for the accounting period (the sum of the amounts on Number 3 through Number 8).

Number 10. ***Room and Board/Rent.*** If room and board has increased, divide the space into two spaces and enter the number of months at the old rate, and below that, the number of months at the new rate. If the rate changed more than once, use the remarks section to describe the different payment.

Number 11. ***Clothing.*** Enter the amount spent on clothing; if it is a recurring monthly amount, enter the amount times 12 and enter the total in the blank. If no funds were expended, enter zero.

Number 12. ***Entertainment.*** Enter the amount spent on entertainment. Again, if it is a recurring monthly expenditure, enter the monthly amount times 12 and enter the amount times 12 and place the total in the blank.

Number 13. ***Personal Use.*** Enter the monthly amount of personal spending and the number of months; put the total in the blank.

Number 14. ***Dependent Support.*** Enter monthly amount times the number of months; put the total in the blank. If there is none, enter zero.

Number 15. ***Fiduciary fee.*** Cannot exceed 4% of the total recurring monthly VA payments (unless a special court circumstance) and has been approved by the VA during time of appointment. This fee **must not** be computed on a retroactive, lump sum, or other one-time payment.

Number 16. ***Other.*** Use this space for any other expenses and/or expenditures. Do not hesitate to list anything, use the remarks section or another sheet if needed.

Number 17. ***Total Spent.*** Add all of the expenses (the sum of the amounts on Number 10 through Number 16), and enter the total in the blank.

Number 18. ***Total Funds under Management at End of Period.*** Subtract the expenses, Number 17, from the Total Received, Number 9.

Number 19. ***Total Amount of Checking Account(s).*** Enter the total amount from the checking accounts on VA Form 21-4718a. If zero, enter zero.

Number 20. ***Total Amount of Savings Account(s).*** Enter the total amount from the savings accounts on VA Form 21-4718a. If zero, enter zero.

Number 21. ***Total Amount of Certificate(s) of Deposit.*** Enter the amount in CDs listed on VA Form 21-4718a. If zero, enter zero.

Number 22. Enter the total purchase price of any savings bonds; enter the total from the second page of the form. Enter N/A if appropriate.

Number 23. ***Other.*** Enter the amount in any other accounts not otherwise indicated, or enter zero or N/A if nothing applies.

Number 24. ***Total Assets.*** Should be what the sum of the accounts on VA Form 21-4718a. This should also equal the total on Number 18.

Number 25. ***Remarks.*** Enter anything here that requires an explanation, or use this space to list information that will not fit in specified blanks.

Number 26 & 27. Sign and date the form. Remember to include copies of the original bank statements when you mail it in. ***Make a copy for your records.*** **<u>You must sign and date the accounting before it will be accepted.</u>**

Number 28. Enter your initials in the blank to certify that you haven't been convicted of any offenses which resulted in imprisonment during this accounting period.

Number 29. Enter your initials in the blank to certify that you haven't defaulted on a debt, was the subject of collection activity, or filed bankruptcy during this accounting period.

Number 30. Use this space for anything that requires an explanation, or for additional space for information that does not fit into the specified blanks.

Number 31. Enter the request information for any savings bonds.

Number 32 & 33. Sign and Date the form in this area only if savings bonds have been listed.

Number 13. ***Personal Use.*** Enter the monthly amount of personal spending and the number of months; put the total in the blank.

Number 14. ***Dependent Support.*** Enter monthly amount times the number of months; put the total in the blank. If there is none, enter zero.

Number 15. ***Fiduciary fee.*** Cannot exceed 4% of the total recurring monthly VA payments (unless a special court circumstance) and has been approved by the VA during time of appointment. This fee **must not** be computed on a retroactive, lump sum, or other one-time payment.

Number 16. ***Other.*** Use this space for any other expenses and/or expenditures. Do not hesitate to list anything, use the remarks section or another sheet if needed.

Number 17. ***Total Spent.*** Add all of the expenses (the sum of the amounts on Number 10 through Number 16), and enter the total in the blank.

Number 18. ***Total Funds under Management at End of Period.*** Subtract the expenses, Number 17, from the Total Received, Number 9.

Number 19. ***Total Amount of Checking Account(s).*** Enter the total amount from the checking accounts on VA Form 21-4718a. If zero, enter zero.

Number 20. ***Total Amount of Savings Account(s).*** Enter the total amount from the savings accounts on VA Form 21-4718a. If zero, enter zero.

Number 21. ***Total Amount of Certificate(s) of Deposit.*** Enter the amount in CDs listed on VA Form 21-4718a. If zero, enter zero.

Number 22. Enter the total purchase price of any savings bonds; enter the total from the second page of the form. Enter N/A if appropriate.

Number 23. ***Other.*** Enter the amount in any other accounts not otherwise indicated, or enter zero or N/A if nothing applies.

Number 24. ***Total Assets.*** Should be what the sum of the accounts on VA Form 21-4718a. This should also equal the total on Number 18.

Number 25. ***Remarks.*** Enter anything here that requires an explanation, or use this space to list information that will not fit in specified blanks.

Number 26 & 27. Sign and date the form. Remember to include copies of the original bank statements when you mail it in. ***Make a copy for your records.*** **<u>You must sign and date the accounting before it will be accepted.</u>**

Number 28. Enter your initials in the blank to certify that you haven't been convicted of any offenses which resulted in imprisonment during this accounting period.

Number 29. Enter your initials in the blank to certify that you haven't defaulted on a debt, was the subject of collection activity, or filed bankruptcy during this accounting period.

Number 30. Use this space for anything that requires an explanation, or for additional space for information that does not fit into the specified blanks.

Number 31. Enter the request information for any savings bonds.

Number 32 & 33. Sign and Date the form in this area only if savings bonds have been listed.

OMB Control No. 2900-0017
Respondent Burden: 27 Minutes
Expiration Date: 07/31/2019

Department of Veterans Affairs

VA FIDUCIARY'S ACCOUNT

FROM	NAME AND ADDRESS OF FIDUCIARY 1	TO	VA FIDUCIARY HUB

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 Hub. Show monthly amount where indicated, in addition to amount for accounting period. Attach detailed monthly financial (bank) statements for the entire accounting period to support the transactions noted on this accounting.
IMPORTANT - SEE PRIVACY ACT INFORMATION ON REVERSE.

ACCOUNTING PERIOD	
FROM 2	TO

IMPORTANT - The fiduciary must account for all funds received on behalf of the beneficiary as VA fiduciary, representative payee for SSA benefits, or in any other fiduciary capacity. The fiduciary must keep receipts and other documentation of expenses because VA may need to examine them during the audit of this accounting.

Example

1. MONEY RECEIVED

ITEM	DESCRIPTION	NO. OF MONTHS	MONTHLY AMT.	AMOUNT
A	TOTAL ESTATE AT BEGINNING OF PERIOD			$ 3
B	AMOUNT RECEIVED FROM VA	NO. OF MONTHS	MONTHLY AMT.	4
		NO. OF MONTHS	MONTHLY AMT.	5
C	AMOUNT RECEIVED FROM SOCIAL SECURITY	NO. OF MONTHS	MONTHLY AMT.	
		NO. OF MONTHS	MONTHLY AMT.	6
D	INTEREST EARNED ON DEPOSITS			7
E	AMOUNT RECEIVED FROM OTHER SOURCES *(List in Items 1E thru 1H)*			
F				
G				8
H				
I	**TOTAL RECEIVED (ADD LINES 1A THRU 1H)*			$ 9

2. MONEY SPENT

ITEM	DESCRIPTION	NO. OF MONTHS	MONTHLY AMT.	AMOUNT
A	ROOM AND BOARD/RENT	NO. OF MONTHS	MONTHLY AMT.	$ 10
B	CLOTHING			11
C	ENTERTAINMENT			12
D	PERSONAL USE	NO. OF MONTHS	MONTHLY AMT.	13
E	DEPENDENT (S) SUPPORT	NO. OF MONTHS	MONTHLY AMT.	14
F	FIDUCIARY FEE IF APPROVED BY VA			15
G	OTHER *(Specify)*			
H				
I				16
J				
K				
L				
M	*TOTAL SPENT (ADD LINES 2A THRU 2L)*			$ 17
	3. TOTAL FUNDS UNDER MANAGEMENT AT END OF PERIOD *(SUBTRACT 2M FROM 1I)*			$ 18

4. ASSETS AT END OF PERIOD*

ITEM	DESCRIPTION	AMOUNT
A	TOTAL AMOUNT OF CHECKING ACCOUNT(S)	$ 19
B	TOTAL AMOUNT OF SAVINGS ACCOUNT(S)	20
C	TOTAL AMOUNT OF CERTIFICATE(S) OF DEPOSIT	21
	TOTAL PURCHASE PRICE OF SAVINGS BONDS LISTED ON REVERSE *(Complete reverse for total in this field)*	22
D	(1) WERE ADDITIONAL BONDS PURCHASED DURING THIS ACCOUNTING PERIOD? ☐ YES ☐ NO	
	(2) WERE SAVINGS BONDS CASHED DURING THIS ACCOUNTING PERIOD? ☐ YES ☐ NO	
E	OTHER *(List outstanding checks or other issues that impact the total assets.)*	23
	5. TOTAL ASSETS *(MUST EQUAL ITEM 3)*	$ 24

6. REMARKS *(If needed you may attach additional sheets and key responses to item numbers.)*

25

* 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)*
26	27

(Continued on Reverse)

9. BACKGROUND INFORMATION

Answer the questions below if you are an individual appointed to serve as fiduciary for the beneficiary named on the reverse side of this form. The questions pertain to your personal criminal and credit history. Failure to provide a response may impact your ability to serve as a VA fiduciary.

You are not required to respond to these questions if you are serving as VA fiduciary in one of the following capacities for the beneficiary named on the reverse:

- *administrator of a facility*
- *company or corporation*
- *court-appointed fiduciary who is also appointed by VA*

I certify that during this accounting period, I have not been convicted of any offense under Federal or State law, which resulted in imprisonment for more than one year. I understand the Department of Veterans Affairs may obtain my criminal background history to verify my response. Initial the box below to certify and acknowledge this information.

28

I certify that during this accounting period, I did not default on a debt, was not the subject of collection action by a creditor and did not file bankruptcy. To the best of my knowledge, no adverse credit information was reported to a credit bureau because I was unable to meet my personal financial obligations. I understand the Department of Veterans Affairs may obtain my credit history report to verify my response. Initial the box below to certify and acknowledge this information.

29

10. EXPLANATION OF BACKGROUND INFORMATION *(If necessary)*

30

LINE NO.	SERIAL NUMBER	DATE OF PURCHASE	PURCHASE PRICE	LINE NO.	SERIAL NUMBER	DATE OF PURCHASE	PURCHASE PRICE
1.				6.			
2.				7.	**31**		
3.				8.			
4.				9.			
5.				10.			

SECTION II - CERTIFICATION OF U.S. SAVINGS BONDS

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 **SIGN BEFORE SUBMITTING** **32**

DATE **33** **DATE BEFORE SUBMITTING**

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 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.

Example

EXAMPLE FORM

OMB Control No. 2900-0017
Respondent Burden: 27 Minutes
Expiration Date: 07/31/2019

Department of Veterans Affairs

VA FIDUCIARY'S ACCOUNT

FROM	NAME AND ADDRESS OF FIDUCIARY Your Name Street Address City, State, Zip	**TO**	VA FIDUCIARY HUB VA Regional Office 6437 Garners Ferry Road Columbia, SC 29209

NAME OF VETERAN *(First-Middle-Last)*	NAME OF BENEFICIARY *(If not veteran)*	VA FILE NUMBER
First, MI, Last	If not Veteran	C- XX-XXX-XXX

SECTION I - STATEMENT OF ACCOUNT

INSTRUCTIONS: Items 1 through 7 are to be completed by the fiduciary and returned to the VA Fiduciary Hub. Show monthly amount where indicated, in addition to amount for accounting period. Attach detailed monthly financial (bank) statements for the entire accounting period to support the transactions noted on this accounting.
IMPORTANT - SEE PRIVACY ACT INFORMATION ON REVERSE.

ACCOUNTING PERIOD	
FROM	TO
01/01/2016	12/31/2016

IMPORTANT - The fiduciary must account for all funds received on behalf of the beneficiary as VA fiduciary, representative payee for SSA benefits, or in any other fiduciary capacity. The fiduciary must keep receipts and other documentation of expenses because VA may need to examine them during the audit of this accounting.

1. MONEY RECEIVED

ITEM	DESCRIPTION	NO. OF MONTHS	MONTHLY AMT.	AMOUNT
A	TOTAL ESTATE AT BEGINNING OF PERIOD			$ 0.00
B	AMOUNT RECEIVED FROM VA	11	1,056.00	11,616.00
		1	1,123.00	1,123.00
C	AMOUNT RECEIVED FROM SOCIAL SECURITY			0.00
				0.00
D	INTEREST EARNED ON DEPOSITS			134.87
E	AMOUNT RECEIVED FROM OTHER SOURCES *(List in Items 1E thru 1H)*			
F	Retro Payment			11,692.15
G	Other Income			250.00
H				
I	**TOTAL RECEIVED (ADD LINES 1A THRU 1H)*			$ 24,016.02

2. MONEY SPENT

ITEM	DESCRIPTION	NO. OF MONTHS	MONTHLY AMT.	AMOUNT
A	ROOM AND BOARD/RENT	12	500.00	$ 6,000.00
B	CLOTHING			240.00
C	ENTERTAINMENT			0.00
D	PERSONAL USE	12	200.00	2,400.00
E	DEPENDENT (S) SUPPORT			0.00
F	FIDUCIARY FEE IF APPROVED BY VA			0.00
G	OTHER *(Specify)*			
H	Cell Phone			785.29
I	Prescriptions			145.78
J	Car repairs			784.14
K	Auto Insurance			1,149.25
L	Total From Section 6 Remarks			1,858.89
M	*TOTAL SPENT (ADD LINES 2A THRU 2L)*			$ 13,363.35

3.	TOTAL FUNDS UNDER MANAGEMENT AT END OF PERIOD *(SUBTRACT 2M FROM 1I)*	$ 11,452.67

4. ASSETS AT END OF PERIOD*

ITEM	DESCRIPTION	AMOUNT
A	TOTAL AMOUNT OF CHECKING ACCOUNT(S)	$ 0.00
B	TOTAL AMOUNT OF SAVINGS ACCOUNT(S)	11,452.67
C	TOTAL AMOUNT OF CERTIFICATE(S) OF DEPOSIT	0.00
D	TOTAL PURCHASE PRICE OF SAVINGS BONDS LISTED ON REVERSE *(Complete reverse for total in this field)*	0.00
	(1) WERE ADDITIONAL BONDS PURCHASED DURING THIS ACCOUNTING PERIOD? ☐ YES ☐ NO	
	(2) WERE SAVINGS BONDS CASHED DURING THIS ACCOUNTING PERIOD? ☐ YES ☐ NO	
E	OTHER *(List outstanding checks or other issues that impact the total assets.)*	0.00

5.	TOTAL ASSETS *(MUST EQUAL ITEM 3)*	$ 11,452.67

6. REMARKS *(If needed you may attach additional sheets and key responses to item numbers.)*

Food (12@ $100) = $1,200.00
Airfare & Vacation = $ 658.89

This is a sample accounting. You will list the items that you agreed in the spending agreement on the VA Form 21-4703, page 3. You do not have to list the Social Security Funds unless you have been appointed as payee by the Social Security Administration. Your start date is the day you met with the field examination and the ending date is one year later.

* 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)*

(Continued on Reverse)

9. BACKGROUND INFORMATION

Answer the questions below if you are an individual appointed to serve as fiduciary for the beneficiary named on the reverse side of this form. The questions pertain to your personal criminal and credit history. Failure to provide a response may impact your ability to serve as a VA fiduciary.

You are not required to respond to these questions if you are serving as VA fiduciary in one of the following capacities for the beneficiary named on the reverse:

- *administrator of a facility*
- *company or corporation*
- *court-appointed fiduciary who is also appointed by VA*

I certify that during this accounting period, I have not been convicted of any offense under Federal or State law, which resulted in imprisonment for more than one year. I understand the Department of Veterans Affairs may obtain my criminal background history to verify my response. Initial the box below to certify and acknowledge this information.

ABC

I certify that during this accounting period, I did not default on a debt, was not the subject of collection action by a creditor and did not file bankruptcy. To the best of my knowledge, no adverse credit information was reported to a credit bureau because I was unable to meet my personal financial obligations. I understand the Department of Veterans Affairs may obtain my credit history report to verify my response. Initial the box below to certify and acknowledge this information.

ABC

10. EXPLANATION OF BACKGROUND INFORMATION *(If necessary)*

LINE NO.	SERIAL NUMBER	DATE OF PURCHASE	PURCHASE PRICE	LINE NO.	SERIAL NUMBER	DATE OF PURCHASE	PURCHASE PRICE
1.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

SECTION II - CERTIFICATION OF U.S. SAVINGS BONDS

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 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.