



Department of Veterans Affairs

**CERTIFICATE OF BALANCE ON DEPOSIT AND AUTHORIZATION TO DISCLOSE FINANCIAL RECORDS**  
(Pursuant to Title 38, U.S.C., Chapter 55 and Title 12, U.S.C., Chapter 35)

NOTE: PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THE FORM.

**I. CERTIFICATE - TO BE COMPLETED BY THE FINANCIAL INSTITUTION ONLY**

**PRIVACY ACT INFORMATION:** The Department of Veterans Affairs (VA) is empowered to solicit the information requested in this form under the authority of Title 38, United States Code, Chapter 55. This information will be used to assure the proper administration of the beneficiary's estate. Failure to furnish the requested information may result in the suspension of payments and/or appointment of a successor fiduciary. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 37VA27, Supervised Fiduciary and Beneficiary Records - VA, published in the Federal Register.

(SEAL OR STAMP OF FINANCIAL INSTITUTION)

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate of any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

1. NAME OF FIDUCIARY (First, middle, last)	2. NAME OF BENEFICIARY (First, middle, last)	3. VA FILE NUMBER C-
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4A. NAME OF FINANCIAL INSTITUTION	4B. ADDRESS OF FINANCIAL INSTITUTION	5. DATA IN ITEM 6 WAS ACCURATE AS OF (Mo., day, yr.)
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**6. ACCOUNT INFORMATION**

TYPE OF ACCOUNT (A)	ACCOUNT NUMBER (State "None" if appropriate) (B)	DEPOSITOR ACCOUNT TITLE (C)	BALANCE (Include interest earned) (D)	INTEREST EARNED/PAID SINCE		CURRENT INTEREST RATE (G)
				AMOUNT (E)	DATE (F)	

I CERTIFY THAT the foregoing amount(s) were on deposit to the credit of the above named fiduciary as shown by the record(s) of this financial institution.

7A. SIGNATURE OF CERTIFYING FINANCIAL INSTITUTION OFFICIAL	7B. TITLE OF CERTIFYING OFFICIAL	7C. DATE SIGNED
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**II. AUTHORIZATION - TO BE COMPLETED BY THE FIDUCIARY ONLY**

I hereby authorize the financial institution named above to verify the above Certificate information to VA, and/or to provide copies of any of the financial records described above to VA, if requested later by VA during its audit of my accounting.

8. THIS AUTHORIZATION IS SUBJECT TO THE FOLLOWING CONDITIONS:

- a. This authorization is valid for 3 months from the date signed by me.
- b. The authorization may be revoked by me at any time before the requested financial records are disclosed.
- c. This authorization applies only to the financial records described herein.

9. I UNDERSTAND THAT:

- a. This authorization is not required as a condition of doing business with any financial institution.
- b. I have the right to obtain a copy of the record kept by the financial institution when financial records are disclosed as a result of this authorization. VA has the right to request a court order to delay my receipt of a copy of the record.
- c. VA is seeking disclosure of this information under the authority of Title 38 U.S.C. 5502(b) and will use the information in conducting an audit of estates maintained on behalf of VA beneficiaries.
- d. Transfer of records to other agencies of the federal government may only be made in accordance with the provisions of title 12 U.S.C. 3412.
- e. I have the right to withhold my consent to this disclosure.
- f. I have the right to seek damages, attorneys' fees, and costs for any violation of the right to financial privacy act by either VA or the financial institution.

10A. SIGNATURE OF FIDUCIARY	10B. DATE SIGNED
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## INSTRUCTIONS FOR COMPLETION OF VA FORM 21-4718a

### Section I - Certificate of Balance on Deposit

The fiduciary should complete Items 1, 2 and 3 before giving the form to the financial institution.

Only the financial institution should complete the rest of the items (4A through 7C) in this section.

The financial institution's seal or stamp must be placed in the space provided.

The financial institution should give the completed certificate to the fiduciary who will, in turn, submit it to VA with an accounting.

### Section II - Authorization to Disclose Financial Records

Only the fiduciary should complete this section.

The fiduciary may sign this section either before or after the Certificate section is completed by the financial institution. ***(The fiduciary's signature in this section is not needed to allow the financial institution to complete the Certificate section.)***

An independent verification of financial records may be needed when VA audits the fiduciary's account. If so, VA will ask for the information directly from the financial institution at a later time. At that time, VA will give the financial institution the fiduciary's signed authorization.