Changes to VA Form 21-4706b

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| **Location on Form** | **Current Approved Form** | **Updated form** |
| Top of Form | “Federal Fiduciary’s Account” | Change to “VA Fiduciary’s Account” |
| Top next to the “TO” Box | “VA Fiduciary Activity” | Change to “VA Fiduciary Hub” |
| In the instructions box | “VA Fiduciary Activity” | Change to “VA Fiduciary Hub” |
| In the instructions box | “Attach a completed Certification of Funds on Deposit, (VA Form 21-4718a) if this accounting shows and funds on deposit.” | Change to “Attach detailed monthly financial (bank) statements for the entire accounting period to support the transactions noted on this accounting.” |
| In the “IMPORTANT” Box | “The fiduciary should keep receipts and other documentation of expenses because VA may need to examine them during the audit of this accounting.” | Change to “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.” |
| Pg 1 Right Column | “Cash on Hand, Not on deposit in bank” | Change to “TOTAL AMOUNT OF CHECKING ACCOUNT(S)” |
| Pg 1 Right Column | “AMOUNT IN CHECKING ACCOUNT” | Change to “TOTAL AMOUNT OF SAVINGS ACCOUNT(S)” |
| Pg 1 Right Column D(1) | “IF PURCHASE PRICE OF SAVINGS BONDS CHANGED FROM THE LAST ACCOUNTING PERIOD, WERE ADDITIONAL BONDS PURCHASED?” | Change to “WERE ADDITIONAL BONDS PURCHASED DURING THIS ACCOUNTING PERIOD?” |
| Pg 1 Right Column D(2) | “WERE SAVINGS BONDS CASHED DURING THE ACCOUNTING PERIOD?” | Change to “WERE SAVINGS BONDS CASHED DURING THIS ACCOUNTING PERIOD?” |
| Pg 1 Right Column E | “OTHER (Specify)” | Change to “OTHER (List outstanding checks or other issues that impact the total assets.” |
| Pg 1 Right column at the bottom | “6. REMARKS (If needed you may continue in the “Remarks” section on reverse or, if necessary, attach additional sheets and key responses to item numbers.) | 6. REMARKS (if needed you may attach additional sheets and key responses to item numbers.) |
| Pg 1, left column C | “ENTERTAINMENT” | Delete this row, move up the rows below giving an additional row under “OTHER (Specify)” |
| Pg 1, left column | “3. TOTAL ESTATE AT END OF PERIOD (SUBTRACT 2M FROM 1I” | Change to “3. TOTAL FUNDS UNDER MANAGEMENT AT END OF PERIOD (SUBTRACT 2M FROM 1I) |
| Bottom of page 1, last line | “9. DATE APPROVED” | Remove the box |

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| Bottom of page 1, last line | “10. APPROVED BY (Signature and title of VA official | Remove the box |
| Pg 2, top box | 6. REMARKS (Continued) | Change to  “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.  [initial box]  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.  [initial box]  10. EXPLANATION OF BACKGROUND INFORMATION (If necessary)  [multi-line text box to allow for explanation] |
| Pg 2, Section II, Colum 1 | 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. | Remove rows labeled “6. 7. 8. 9. 10.” From this row |
| Pg 2, Section II, Colum 5 | 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. | Remove “11. 12. 13. 14. 15. 16. 17. 18. 19. 20.” Add “6. 7. 8. 9. 10.” |