

# Beneficiary Fund Release Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Institution or Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request the release of funds from the beneficiary account associated with [insert relevant account or policy number]. As the [relation/position of the beneficiary], I would like to ensure the timely access of these funds for [briefly describe the purpose of the funds, e.g., medical expenses, education, etc.].

Enclosed are the necessary documents to facilitate this request:

- Copy of the beneficiary identification
- Copy of the death certificate (if applicable)
- Completed fund release form
- [Any other relevant document]

Please let me know if there are any additional forms or procedures required to process this request. I appreciate your prompt attention to this matter and look forward to your swift response.

Thank you for your cooperation.

Sincerely,

[Your Name]