

# Beneficiary Restricted Access Authorization for Trust Funds

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], am writing to authorize restricted access to the trust funds established under the [Trust Name], with reference number [Trust Reference Number]. This authorization permits the following individuals to access the trust funds under the stipulated terms and conditions:

## Authorized Individuals:

- [Name of Authorized Person 1] - [Relationship to Beneficiary]
- [Name of Authorized Person 2] - [Relationship to Beneficiary]

This authorization is effective as of [Effective Date] and will remain in effect until [End Date] or until I provide written notice of revocation.

All transactions made under this authorization are to be conducted in accordance with the guidelines set forth by the trust agreement.

Should you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[City, State, Zip]

[Your Contact Information]