

Beneficiary Payout Request Form

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the payout of benefits as a beneficiary entitled under the account of [Account Holder's Name], who passed away on [Date of Death]. As the designated beneficiary, I am entitled to receive the funds associated with this account.

Please find attached the necessary documentation for this request, including:

- Death Certificate
- Proof of Identity
- Completed Beneficiary Payout Request Form

Thank you for your attention to this matter. I kindly request that you process this payout request at your earliest convenience. Should you require any further information, please do not hesitate to contact me.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]