

# Beneficiary Withdrawal Authorization Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Company/Institution Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I, [Your Name], the designated beneficiary of [Account/Policy Number or Name], am writing to formally request the authorization for withdrawal of funds from the above-mentioned account/policy.

The purpose of this withdrawal is [briefly state the reason for withdrawal]. I kindly request your prompt attention to this matter.

Attached are the required identification documents and any additional paperwork to facilitate this request.

Thank you for your assistance. Please feel free to contact me at the above phone number or email address for any further information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]