

Pension Fund Withdrawal Request

Date: _____

To,
The Manager,
[Pension Fund Name],
[Pension Fund Address],
[City, State, ZIP Code]

Subject: Request for Withdrawal of Pension Fund for Medical Expenses

Dear [Manager's Name],

I hope this letter finds you well. I am writing to formally request the withdrawal of funds from my pension account with [Pension Fund Name]. My account number is [Account Number].

Due to unforeseen medical expenses arising from [brief description of illness or injury], I find myself in urgent need of financial assistance. The total amount required for medical treatment is estimated to be [amount], and I kindly request that these funds be released to cover these expenses.

Enclosed are the necessary documents, including medical bills and any other relevant paperwork to support my request.

I appreciate your prompt attention to this matter and look forward to your positive response.

Thank you for your understanding.

Sincerely,
[Your Name]
[Your Address]
[City, State, ZIP Code]
[Your Phone Number]
[Your Email Address]