

# Hardship Withdrawal Appeal Letter

Your Name  
Your Address  
City, State, ZIP Code  
Email Address  
Phone Number  
Date

Financial Institution/Plan Administrator's Name  
Institution's Address  
City, State, ZIP Code

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my recent application for a hardship withdrawal from my retirement plan. Unfortunately, my previous request was not approved, and I would like to provide additional information regarding my situation.

As you may know, I am facing [briefly explain your hardship situation, e.g., medical expenses, unemployment, etc.]. This situation has placed an undue financial burden on me and has severely impacted my ability to meet my regular expenses.

Enclosed with this letter, you will find relevant documentation that supports my case, including [list the documents, e.g., medical bills, termination letter, etc.]. I kindly request that you reconsider my application in light of this additional information.

Thank you for your attention to this matter. I appreciate your understanding and support during this difficult time. I look forward to your prompt response.

Sincerely,  
[Your Name]