

Beneficiary Identification Authorization

Date: [Insert Date]

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

[Bank Name]
[Bank Address]
[City, State, Zip Code]

Subject: Authorization for Beneficiary Identification

Dear [Bank Manager's Name],

I, [Your Full Name], hereby authorize [Beneficiary's Full Name] to act on my behalf for the purpose of identifying as my beneficiary in relation to my bank accounts held at [Bank Name]. The details of the accounts are as follows:

- Account Number: [Account Number]
- Account Type: [Savings/Checking etc.]

This authorization allows [Beneficiary's Full Name] to provide necessary identification and documentation to complete the beneficiary identification process. Please extend your cooperation in assisting them with this matter.

Thank you for your attention to this request. If you have any questions or need further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]