

# Closure Request for College Savings Plan

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[College Savings Plan Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the closure of my college savings plan account, which is under the name [Your Name] with account number [Account Number]. Due to [brief reason for closure], I have decided to terminate this account.

Please process the closure and provide a final statement of the account detailing any accrued interest or fees. If any additional information is required to complete this process, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter. I appreciate your prompt assistance in closing my account.

Sincerely,

[Your Name]