

Withdrawal Request Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[College Savings Plan Administrator's Name]

[Plan Provider's Name]

[Plan Provider's Address]

[City, State, Zip Code]

Dear [Administrator's Name],

I am writing to formally request the withdrawal of funds from my College Savings Plan account, [Account Number], for the purpose of [explain reason, e.g., covering educational expenses, purchasing educational materials, etc.].

The details of my College Savings Plan account are as follows:

- Account Holder Name: [Your Name]
- Account Number: [Account Number]
- Withdrawal Amount Requested: [Amount]

Please process this request at your earliest convenience and let me know if any further information or action is required on my part.

Thank you for your attention to this matter.

Sincerely,

[Your Name]