

# Tax-Deferred Savings Account Transfer Authorization

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

[Recipient Name]  
[Recipient Title]  
[Financial Institution Name]  
[Institution Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request the transfer of my tax-deferred savings account as detailed below:

- Account Holder Name: [Your Name]
- Account Number: [Your Account Number]
- Current Institution: [Current Financial Institution]
- New Institution: [New Financial Institution]
- New Institution Account Number: [New Account Number]

Please process this transfer at your earliest convenience. Attached are any necessary forms and identification required for the completion of this request.

Thank you for your prompt attention to this matter. Should you have any questions, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]