

# Formal Appeal for Survivorship Agreement Adjustment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal for an adjustment to the survivorship agreement associated with [specific details about the agreement, e.g., policy number, account name]. I believe that certain circumstances surrounding my situation warrant a review and modification of the terms previously established.

[Explain the reasons for the appeal, providing relevant details and any supporting information that may help your case.]

I kindly request that you reconsider my appeal and would appreciate the opportunity to discuss this matter further. I am hopeful that we can reach an agreement that reflects the current realities of my situation.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]