

Retirement Account Disbursement Authorization

Date: [Insert Date]

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

To: [Retirement Plan Administrator's Name]
[Retirement Plan Administrator's Title]
[Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Retirement Plan Administrator's Name],

I am writing to formally authorize the disbursement of my retirement account funds in accordance with the plan's rules and regulations. I am requesting the withdrawal of my funds as I have reached the age of retirement.

Details of my account are as follows:

- Account Holder Name: [Your Name]
- Account Number: [Your Account Number]
- Type of Account: [e.g., 401(k), IRA]

I would like the disbursement to be processed and sent to the following address:

[Your Mailing Address for Disbursement]

Please let me know if you require any further information or documentation to process this request. Thank you for your attention to this matter.

Sincerely,

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