

# Retirement Fund Distribution Authorization

Date: [Insert Date]

To: [Recipient's Name]

Position: [Recipient's Position]

Company: [Company Name]

Address: [Company Address]

Dear [Recipient's Name],

I, [Your Name], am writing to formally authorize the distribution of my retirement fund held under account number [Account Number] with [Financial Institution Name]. As per my request, please proceed with the following distribution options:

- Amount to be distributed: [Insert Amount]
- Distribution method: [e.g., Direct Deposit, Check, etc.]
- Account details for transfer (if applicable): [Insert Account Details]

I understand that this authorization is irreversible and will take effect upon processing. Please let me know if you require any further information or documentation.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Address]

[Your Contact Information]