

Retirement Plan Benefits Withdrawal Authorization

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company/Plan Administrator's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally authorize the withdrawal of my retirement plan benefits from [Specify Retirement Plan Name].

My details are as follows:

- Plan Account Number: [Insert Account Number]
- Date of Birth: [Insert Date]
- Social Security Number: [Last four digits]

Please process this withdrawal at your earliest convenience. I understand the implications of this withdrawal and confirm that all necessary documents are attached herein.

Thank you for your attention to this matter. Should you require any further information, please do not hesitate to contact me.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]