

Retirement Account Rollover Authorization

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally authorize the rollover of my retirement account. Below are the details of my account and the new receiving institution:

Current Retirement Account Details:

Account Holder Name: [Your Name]

Account Number: [Your Current Account Number]

Institution Name: [Current Institution Name]

New Retirement Account Details:

Account Holder Name: [Your Name]

Account Number: [Your New Account Number]

Institution Name: [New Institution Name]

I request that the full balance of my retirement account be transferred to the new institution mentioned above. Please do not hesitate to contact me should you require further information or documentation to complete this rollover.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]