

# Retirement Fund Withdrawal Request for Medical Expenses

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Retirement Fund Administrator's Name]

[Retirement Fund Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear [Retirement Fund Administrator's Name],

I am writing to formally request a withdrawal from my retirement fund account to cover urgent medical expenses. My account number is [Insert Account Number]. As my health has recently required significant medical attention, I find it necessary to utilize my retirement funds to manage these costs effectively.

Details of my medical expenses are attached for your reference. I would appreciate your prompt attention to this matter and guidance on the procedure I need to follow to facilitate this withdrawal.

Thank you for your assistance, and I look forward to your timely response.

Sincerely,

[Your Name]