

**Date:** [Insert Date]

**To:** [Pension Plan Administrator Name]  
[Company/Organization Name]  
[Mailing Address]  
[City, State, Zip Code]

**Subject: Authorization for Pension Plan Disbursement**

**Account Holder Information:**

Name: [Your Full Name]  
Pension Account Number: [Your Account/ID Number]  
Social Security Number / Tax ID: [Your SSN/ID]

Dear Pension Administrator,

I am writing to formally authorize the disbursement of funds from my pension plan. Please process my request based on the following details:

- 1. Type of Disbursement:** [e.g., Full Distribution, Partial Withdrawal, or Monthly Annuity]
- 2. Disbursement Amount:** [Insert Dollar Amount or "Total Balance"]
- 3. Payment Method:** [e.g., Direct Deposit, Mailed Check, or Rollover to IRA]

**Bank/Receiving Account Details (if applicable):**

Bank Name: [Insert Bank Name]  
Routing Number: [Insert Routing Number]  
Account Number: [Insert Account Number]  
Account Type: [Checking/Savings]

**Tax Withholding:**

I understand that this distribution may be subject to federal and state income tax withholdings. Please [withhold the standard percentage / withhold a specific amount of \$X.XX / do not withhold taxes].

I confirm that all information provided is accurate. Please notify me once the transaction has been initiated or if any further documentation is required to complete this request.

Sincerely,

---

[Your Signature]

[Your Printed Name]  
[Your Phone Number]  
[Your Email Address]

**Notary Acknowledgement (if required):**  
[Space for Notary Public Stamp and Signature]