

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Name of Current Plan Administrator/Financial Institution]
[Company Address]
[City, State, Zip Code]

RE: Request for Direct Rollover of Retirement Funds
Account Number: [Your Current Account Number]

To Whom It May Concern,

Please accept this letter as formal authorization to liquidate and close my retirement account held with your institution. I am requesting a direct rollover of the full balance of my [Type of Plan, e.g., 401(k), 403(b), or IRA] into a new retirement account.

Please issue a check for the total distribution amount made payable to the new financial institution for my benefit as follows:

Payable to: [New Institution Name] FBO [Your Name]

New Account Number: [New Account Number]

Mailing Address for Check:

[New Institution Name]
[New Institution Address]
[City, State, Zip Code]

I understand that this is a direct rollover and, as such, no federal or state income taxes should be withheld from the distribution amount. Please provide a statement showing the pre-tax and post-tax contributions (if any) for my records.

If you require any additional forms or information to process this request, please contact me immediately at [Your Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]