

[Date]

Social Security Administration

[Local Office Address]

[City, State, Zip Code]

RE: Notice of Withdrawal of Representation

Claimant Name: [Claimant Full Name]

Claimant Social Security Number: [XXX-XX-XXXX]

Wage Earner Name (if different): [Wage Earner Name]

To whom it may concern:

Please be advised that I, [Your Name/Representative Name], am formally withdrawing as the appointed representative for the above-named claimant in all matters pending before the Social Security Administration.

This withdrawal is effective immediately. I have notified the claimant of this withdrawal in writing. Please remove my name from your records as the representative of record for this claim and direct all future correspondence regarding this matter directly to the claimant at the following address:

[Claimant's Current Mailing Address]

[Claimant's Phone Number]

Regarding any potential representative fees, I [choose one: waive / do not waive] my right to a fee in this matter.

Thank you for your attention to this notification.

Sincerely,

[Signature]

[Your Printed Name]

[Your Title/Organization]

[Your Address]

[Your Phone Number]

CC: [Claimant Name]