Date: [Insert Date]

To: [Financial Institution/Plan Administrator Name]
Address: [Street Address]
City, State, Zip: [City, State, Zip Code]

Subject: Letter of Authorization for Release of Participant Account Information

Participant Name: [Your Full Name]
Account Number: [Your Account Number]
Social Security Number (Last 4 digits): [Last 4 Digits]

To Whom It May Concern,

I, [Your Full Name], hereby authorize [Financial Institution/Plan Administrator Name] to release any and all information regarding my account mentioned above to the following authorized individual/organization:

Authorized Party Name: [Name of Authorized Person or Company]
Relationship: [e.g., Financial Advisor, Attorney, Spouse]
Address: [Authorized Party Street Address]
Phone Number: [Authorized Party Phone Number]

This authorization includes, but is not limited to, the release of account balances, transaction history, tax forms, and beneficiary designations. This authorization shall remain in effect until [Expiration Date] or until I revoke it in writing.

Please provide the requested information to the authorized party via [Email/Mail/Fax] as requested by them.

Thank you for your prompt attention to this matter.

Sincerely,

_____
[Your Signature]

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

Notary Acknowledgement (if required):

State of _____ , County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

_____

Notary Public Signature