

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

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

Subject: Request for Cancellation of RDSP Account

Dear [Recipient's Name or Customer Service],

I am writing to formally request the cancellation of my Registered Disability Savings Plan (RDSP) account, which is associated with the account number [Your Account Number].

Please process this cancellation effective immediately. I would appreciate it if you could confirm the closure of my RDSP account and provide me with any necessary documentation regarding this cancellation. If there are any forms or additional steps required on my part to complete this cancellation, please let me know.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]