

[Your Name]  
[Your Address]  
[City, Province, Postal Code]  
[Email Address]  
[Phone Number]  
[Date]

[Financial Institution Name]  
[Institution Address]  
[City, Province, Postal Code]

Subject: Request for Closure of RDSP Account

Dear [Financial Institution's Customer Service/Manager's Name],  
I am writing to formally request the closure of my Registered Disability Savings Plan (RDSP) account, with the following details:

Account Holder Name: [Your Name]

Account Number: [Your Account Number]

Please process this request at your earliest convenience and confirm the closure of my RDSP account in writing. If there are any forms or procedures that I need to complete, kindly let me know.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]