

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

[Financial Institution Name]
[Institution Address]
[City, Province, Postal Code]
Subject: RDSP Transfer Request

Dear [Recipient's Name or "To Whom It May Concern"],
I am writing to request the transfer of my Registered Disability Savings Plan (RDSP) from [Current Financial Institution Name] to [New Financial Institution Name]. Below are the details of my account:

Account Holder Name: [Your Name]

RDSP Account Number: [Your Account Number]

Current Financial Institution: [Current Financial Institution Name]

New Financial Institution: [New Financial Institution Name]

Please find attached any necessary documents required to complete this transfer. I would appreciate it if you could initiate the transfer at your earliest convenience and keep me informed of the progress.

If you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]