

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

[Institution Name]
[Institution Address]
[City, Province, Postal Code]
Subject: Request for RDSP Withdrawal

Dear [Institution's Contact Person/Department],
I hope this letter finds you well. I am writing to formally request a withdrawal from my Registered Disability Savings Plan (RDSP) account, associated with account number [Your RDSP Account Number].
I wish to withdraw the amount of [Specify Amount] for [reason for withdrawal, e.g., medical expenses, education, etc.]. I understand the implications of this withdrawal and assert that I meet the eligibility requirements set forth in the RDSP guidelines.
Please find attached any necessary documents required for processing my request.

I would appreciate your prompt attention to this matter. If you need any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

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