

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

[Date]

[Bank or Financial Institution Name]  
[Department Name, if applicable]  
[Institution Address]  
[City, State, Zip Code]

**Subject: Request to Open a Minor Custodial Account for a Beneficiary with Special Needs**

To Whom It May Concern,

I am writing to formally request the opening of a custodial account for the benefit of a minor with special needs. I wish to serve as the Custodian for this account.

**Minor/Beneficiary Information:**

Full Name: [Minor's Full Name]  
Date of Birth: [Minor's Date of Birth]  
Social Security Number: [Minor's SSN]

**Custodian Information:**

Full Name: [Your Full Name]  
Relationship to Minor: [e.g., Parent, Legal Guardian]  
Social Security Number: [Your SSN]

I am interested in opening this account under the following structure: [Specify type, e.g., UTMA/UGMA or specific Special Needs Trust account if offered].

Please provide the necessary application forms and a list of required documentation, such as proof of guardianship or medical certification, to complete this process. I would also appreciate information regarding any specific features or protections available for accounts intended for individuals with disabilities.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Signature]

[Your Printed Name]