

[Your Name]
[Your Address]
[Your Phone Number]
[Date]

[Bank Name]
[Bank Address]
[Branch Name]

Subject: Request to Remove Joint Account Holder due to Medical Incapacity

To Whom It May Concern,

I am writing to formally request the removal of [Joint Account Holder's Full Name] from the following bank account(s):

Account Number(s): [List Account Number(s)]

This request is being made because [Joint Account Holder's Name] is no longer able to manage their financial affairs due to medical incapacity. I have attached the following supporting documentation to this letter:

- A certified copy of the medical certificate/physician's statement confirming incapacity.
- A certified copy of the Power of Attorney or Court Order granting me authority to act on their behalf (if applicable).
- [Any other required identification or bank-specific forms].

I request that the account(s) be transitioned into my name only. Please let me know if there are any additional forms or steps required to complete this process. You can reach me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this sensitive matter.

Sincerely,

[Your Signature]

[Your Printed Name]