

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

[Date]

[Financial Institution Name]
[Department Name]
[Institution Address]
[City, State, Zip Code]

RE: Relinquishment of Control for Account Number: [Account Number]

To Whom It May Concern,

I am writing to formally request the removal of my name as the custodian/guardian from the above-referenced account held in the name of [Beneficiary Name].

The beneficiary has reached the legal age of majority, which is [Age] in the state of [State Name]. As such, I am relinquishing all control and authority over this account to [Beneficiary Name] effective immediately.

Please update your records to reflect [Beneficiary Name] as the sole owner with full access to the funds. Attached to this letter, please find a copy of the beneficiary's government-issued identification to facilitate this transfer.

Please notify me once the transition of ownership is complete. If you require any further documentation or signatures, please contact me at [Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]

Notary Acknowledgement (if required):

State of _____, County of _____
Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public Signature