

[Your Company/Organization Letterhead]

[Date]

[Mutual Fund Company Name]

[Transfer Agent Address]

[City, State, Zip Code]

**Subject: Audit Confirmation Request for Mutual Fund Holdings**

Dear Customer Service Department / Audit Department,

In connection with an audit of our financial statements, please provide directly to our auditors, [Name of Audit Firm], the following information regarding our holdings as of the close of business on [Audit Cut-off Date]:

- Account Number(s): [List Account Numbers]
- Full Name of Fund(s) and Share Class
- Total Number of Shares/Units held
- Net Asset Value (NAV) per share
- Total Market Value of the investment
- Details of any liens, pledges, or restrictions on the accounts
- Pending transactions (purchases or redemptions) as of the date above

Please mail the completed confirmation directly to:

[Name of Audit Firm]

Attn: [Auditor Name/Department]

[Auditor Address]

[City, State, Zip Code]

Email: [Auditor Email Address]

A self-addressed envelope is enclosed for your convenience. If you have any questions regarding this request, please contact [Internal Contact Name] at [Phone Number].

Sincerely,

[Authorized Signature]

[Name of Authorized Signatory]

[Title]