

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

[Date]

[Name of Trustee or Plan Administrator]
[Organization Name]
[Address]
[City, State, Zip Code]

RE: Notice of Denial of Consent to Proposed Amendment

Dear [Name of Trustee or Administrator],

I am writing to you in my capacity as a named beneficiary of the [Name of Trust or Benefit Plan], regarding the "Amendment Notice" I received on [Date of Notice].

After careful review of the proposed changes, specifically regarding [Briefly mention the specific section or change, e.g., the adjustment of distribution schedules], I am formally notifying you that I do not consent to the proposed amendment.

My decision to withhold consent is based on the following reasons:

- [Reason 1: e.g., The amendment negatively impacts my vested interests.]
- [Reason 2: e.g., The amendment deviates from the original intent of the settlor.]
- [Reason 3: e.g., Lack of sufficient information regarding the long-term financial implications.]

As per the terms of the [Trust Agreement/Plan Document], any amendment requiring beneficiary approval cannot proceed without my written consent. Therefore, I request that the [Trust/Plan] remain in its current form as established prior to this notice.

Please acknowledge receipt of this letter and confirm that the proposed amendment will not be implemented without further legal resolution or mutual agreement.

Sincerely,

[Your Signature]

[Your Printed Name]