**Sample Withdrawal of Representative Letter**

*Use your Agency Letterhead*

Date:

Re: Withdrawal of SSA-1696 Representation

Name:

DOB:

SSN:

Social Security Administration

*[Local Office Address]*

To Whom It May Concern:

This letter serves as notice that I am no longer able to serve as representative for the above referenced individual’s SSI/SSDI application. Please remove my name from your records regarding such representation.

At this point, I do not know if another representative will be replacing me.

– or –

*[New Representative’s Name]* will be the new representative and *[will be submitting a new SSA-1696 by* *{Date}]*

– or –

A completed SSA-1696 form is attached, naming *[New Representative’s Name]* as the new representative.

If you have any questions, please do not hesitate to contact me. Thank you for your assistance.

Sincerely,

*[Signature]*

*Printed Name*

*Address*

*Phone Number*

*E-mail*