

# Beneficiary Address Confirmation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request confirmation of the address for the beneficiary associated with [Policy Number/Account Number] held with your organization.

Details of the beneficiary are as follows:

- Name: [Beneficiary's Name]
- Current Address: [Beneficiary's Current Address]

Please confirm that the above address is correct or provide any updates if necessary. Your timely response to this request would be greatly appreciated.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]