

Amendments to Beneficiary Information

Date: [Insert Date]

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

[Recipient's Name]
[Company/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request amendments to the beneficiary information associated with my account/policy number [Insert Account/Policy Number]. I would like to update the following details:

Current Beneficiary Information

Name: [Current Beneficiary Name]
Relationship: [Current Relationship]
Percentage: [Current Percentage]

New Beneficiary Information

Name: [New Beneficiary Name]
Relationship: [New Relationship]
Percentage: [New Percentage]

Please process these changes at your earliest convenience. Should you require any further information or documentation, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]