

Beneficiary Confirmation Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

Email: [Your Email]

Phone: [Your Phone Number]

To Whom It May Concern,

I, [Your Name], hereby confirm that I am the designated next of kin of [Beneficiary's Name], as per their records. It is my understanding that I am entitled to any benefits as a result of their [insurance policy, estate, etc.].

Beneficiary's Information:

Name: [Beneficiary's Name]

Date of Birth: [Beneficiary's Date of Birth]

Relationship to Beneficiary: [Insert Relationship]

Please let me know if any further information is required to process this confirmation.

Thank you.

Sincerely,

[Your Signature]

[Your Printed Name]