

# Formal Request for Beneficiary Death Benefit Payout

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Claims Department or Specific Contact Name],

I am writing to formally request the death benefit payout for the policy number [Insert Policy Number] held by [Name of Deceased] who passed away on [Date of Death]. As the named beneficiary, I have enclosed the necessary documentation to support this request, including a copy of the death certificate and any required claim forms.

Please let me know if you require any additional information or documentation to process this claim. I appreciate your timely attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]