

Beneficiary Information Confirmation Notice

Date: [Insert Date]

To: [Beneficiary's Name]

Address: [Beneficiary's Address]

Dear [Beneficiary's Name],

We are writing to confirm the details of your beneficiary information as per our records. Please review the information below:

Beneficiary Details:

- Name: [Beneficiary's Full Name]
- Date of Birth: [Beneficiary's Date of Birth]
- Relationship to the Insured: [Insured's Relationship]
- Address: [Beneficiary's Address]
- Contact Number: [Beneficiary's Contact Number]

If any of the above information is incorrect or needs to be updated, please contact us at [Contact Information] within 30 days.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]