

Beneficiary Waiver of Liability for Insurance Claims

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

City, State, Zip: [City, State, Zip Code]

Re: Waiver of Liability for Insurance Claims

Dear [Insurance Company Representative's Name],

I, [Beneficiary's Full Name], as the designated beneficiary for the insurance policy numbered [Policy Number], hereby acknowledge and accept the following terms regarding the waiver of liability associated with any claims made under this policy:

- I understand that by signing this waiver, I relinquish all rights to any claims or legal action against [Insurance Company Name] relating to this policy.
- I declare that I do so voluntarily and with full knowledge of the implications of this waiver.
- This waiver is effective immediately and covers all future claims unless revoked in writing.

By signing below, I confirm my understanding and agreement to the terms stated above.

Sincerely,

[Beneficiary's Full Name]

[Contact Information]