

Letter of Inquiry: Beneficiary Insurance Policy Amendment

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact Name],

I am writing to inquire about the process for amending the beneficiary designation on my insurance policy. My policy number is [Your Policy Number]. I would like to ensure that my beneficiary information is updated accurately and in accordance with my wishes.

Could you please provide me with the necessary steps, forms, or documents required to make this amendment? Additionally, I would appreciate any information regarding the timeframe for processing such requests.

Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

[Your Name]