

# Insurance Policy Confirmation Request

[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 Representative],

I am writing to formally request a confirmation of the beneficiary designation for my insurance policy numbered [Policy Number]. It is important to me to ensure that my records are accurate and up to date regarding the named beneficiaries.

Please let me know if you require any additional information to process this request. I appreciate your assistance and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]