

Beneficiary Insurance Policy Transfer Inquiry

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the process for transferring the beneficiary designation on my insurance policy (Policy Number: [Insert Policy Number]). Due to [mention reason if applicable, e.g., a life change, etc.], I would like to update the beneficiary information.

Please provide me with the necessary forms and any additional information required to initiate this transfer. I appreciate your prompt attention to this matter and look forward to your reply.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]