

Beneficiary Designation Affirmation

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby affirm the beneficiary designation as outlined in my [policy/account name] with [Company Name/Institution Name]. The designated beneficiaries are as follows:

- Primary Beneficiary: [Name, Relationship, Percentage]
- Contingent Beneficiary: [Name, Relationship, Percentage]

I understand that the designation of beneficiaries may be subject to review and can be modified in accordance with the policies of [Company Name/Institution Name]. This affirmation serves as formal confirmation of my current beneficiary designations.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]