

Beneficiary Election Ratification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally ratify my beneficiary elections as submitted on [Insert Date of Original Submission]. I understand the importance of these designations and would like to confirm my choices as follows:

- Primary Beneficiary: [Name of Primary Beneficiary] - [Relationship]
- Contingent Beneficiary: [Name of Contingent Beneficiary] - [Relationship]

I affirm that the above-mentioned beneficiary elections reflect my current wishes and are made voluntarily. Should you require any further information or documentation to complete this process, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]