

Revocation of Beneficiary Power of Attorney

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby revoke any and all powers of attorney that I may have granted to [Name of the Beneficiary], regarding my insurance policies with [Insurance Company Name], effective immediately.

This revocation of power of attorney includes, but is not limited to, the authority to manage, amend, or receive any information related to my policies.

Effective immediately, please consider this letter as a formal notice of revocation. Should you have any questions or require further verification, please contact me directly at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Policy Number, if applicable]