

# Beneficiary Dependant Records Adjustment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Recipient's Name]

[Recipient's Position]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request an adjustment of beneficiary dependant records associated with my account. Please find the necessary details below:

- **Beneficiary Name:** [Beneficiary's Full Name]
- **Relation:** [Relationship to Beneficiary]
- **Date of Birth:** [Beneficiary's Date of Birth]
- **Account Number:** [Your Account Number]

Due to [brief explanation of the reason for adjustment], I kindly request that the following changes be made:

- [Detail the specific adjustments needed]

Please find attached any required documentation to support this request. I appreciate your timely attention to this matter and look forward to your confirmation of the changes.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]