

Beneficiary Dependant Relationship Change Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Company/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to inform you of a change in my beneficiary dependant relationship in connection with [describe the relevant plan or policy, e.g., life insurance, retirement plan, etc.]. Effective [Insert Effective Date], the following changes will be made:

- Removal of: [Name of previous dependant]
- Addition of: [Name of new dependant]

Please update your records accordingly and confirm the changes in writing. If you require any further information or documentation, 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]