

Beneficiary Restricted Access Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby grant restricted access to the insurance policy detailed below for the purpose of managing and overseeing the associated benefits.

Policy Details:

Policy Number: [Insert Policy Number]

Insured Person: [Insert Insured Person's Name]

Insurance Company: [Insert Insurance Company Name]

Beneficiary Information:

Beneficiary Name: [Insert Beneficiary Name]

Contact Information: [Insert Contact Information]

This authorization is limited to accessing and managing the above-mentioned insurance policy's benefits and does not confer any rights above that scope.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]