

Beneficiary Final Expense Coverage Transfer Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative],

I am writing to formally request the transfer of the final expense coverage policy held by [Deceased's Name] (Policy Number: [Policy Number]) to my name as the designated beneficiary. As per the policy terms, I believe I am entitled to make this request following the policyholder's passing on [Date of Passing].

Please find enclosed the necessary documentation including:

- A copy of the death certificate
- A copy of the policy documents
- Your identification (if required)

I would appreciate your assistance in processing this request as soon as possible. Please confirm receipt of this letter and let me know if any further information or documentation is needed.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]