

# Beneficiary Guarantee Acknowledgment Letter

Date: [Insert Date]

[Insurer's Name]

[Insurer's Address]

[City, State, Zip Code]

Dear [Insurer's Name],

I, [Your Full Name], hereby acknowledge that I have been designated as the beneficiary for the insurance policy bearing the policy number [Insert Policy Number], issued on [Insert Policy Issue Date].

I confirm my understanding of the rights and responsibilities associated with being a beneficiary, including the process for filing a claim and receiving benefits due in the event of the policyholder's passing.

Please let me know if any further information or documentation is required from my side to finalize this acknowledgment.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]