

Beneficiary Reassignment Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Notification of Beneficiary Reassignment for Life Insurance Policy

Dear [Insurance Company Representative's Name],

I am writing to formally notify you of a reassignment of the beneficiary for my life insurance policy, with policy number [Insert Policy Number].

The new beneficiary is as follows:

Name: [New Beneficiary Name]

Relationship: [Relationship to You]

Date of Birth: [New Beneficiary Date of Birth]

Social Security Number: [New Beneficiary SSN]

Please update your records to reflect this change effective immediately. I appreciate your assistance in this matter.

Thank you for your prompt attention to this notification.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]