

# Beneficiary Designation Alteration Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request an alteration to the beneficiary designation on my annuity policy with [Policy Number].

Current Beneficiary:

[Current Beneficiary Name]

[Relationship]

New Beneficiary:

[New Beneficiary Name]

[Relationship]

Please update my records accordingly. I understand that this change will take effect immediately upon processing and I will ensure to receive confirmation of the update.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]