

Life Insurance Beneficiary Transfer Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Request for Beneficiary Transfer

Dear [Insurance Company Representative's Name],

I am writing to formally request a transfer of the beneficiary designation for my life insurance policy, policy number [Insert Policy Number].

Currently, the beneficiary is listed as [Current Beneficiary's Name] and I would like to change it to [New Beneficiary's Name]. The reason for this change is [brief explanation, if desired].

Please find attached any necessary documents required to process this request. If you have any questions or require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]