

Beneficiary Designation for Insurance Policy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Beneficiary Designation for Policy #[Policy Number]

Dear [Insurance Company Representative's Name],

I am writing to formally designate beneficiaries for my insurance policy #[Policy Number]. Please find the details of my designated beneficiaries below:

Primary Beneficiary

Name: [Beneficiary's Full Name]

Date of Birth: [Beneficiary's Date of Birth]

Relationship: [Relationship to You]

Percentage of Benefit: [Percentage]

Secondary Beneficiary

Name: [Beneficiary's Full Name]

Date of Birth: [Beneficiary's Date of Birth]

Relationship: [Relationship to You]

Percentage of Benefit: [Percentage]

Please update my policy with these beneficiaries and confirm receipt of this designation.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]