

Beneficiary Designation Update Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Position]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an update to the beneficiary designation associated with my account, policy, or plan. Below are the details of my account:

- Account/Policy Number: [Insert Account/Policy Number]
- Current Beneficiary: [Insert Current Beneficiary Name]

I would like to change my beneficiary to the following:

- New Beneficiary Name: [Insert New Beneficiary Name]
- Relationship: [Insert Relationship to New Beneficiary]
- Date of Birth: [Insert Date of Birth]
- Social Security Number: [Insert SSN]

Please let me know if you require any additional information or documentation to process this request. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]