

# Beneficiary Payout Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company/Financial Institution Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name or "Claims Department"],

I am writing to formally submit my application for the beneficiary payout under policy number [Insert Policy Number]. As the designated beneficiary, I am requesting the release of the benefits following the [Insert Reason for Payout, e.g., "death of the insured"] that occurred on [Insert Date of Event].

Enclosed are the required documents for your review:

- Copy of the death certificate
- Copy of the insurance policy
- Identification documents (e.g., driver's license, passport)
- Any other supporting documents

Please let me know if you require any further information or documentation to process this request. I appreciate your prompt attention to this matter and look forward to your response.

Thank you.

Sincerely,

[Your Name]