

# Payout Request for Beneficiary Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Request for Payout on Beneficiary Claim - Policy Number [Insert Policy Number]

Dear [Claims Department/Specific Contact Name],

I am writing to request the payout for the beneficiary claim associated with the policy number [Insert Policy Number]. I am the designated beneficiary as per the policy guidelines, and I kindly ask for the processing of the claim at your earliest convenience.

Attached are the necessary documents supporting this request:

- Death Certificate of [Deceased's Name]
- Completed Claim Form
- Copy of the Insurance Policy

I understand the need for thorough processing and review of the claim, and I appreciate your attention to this matter. Please let me know if any additional information or documentation is required.

Thank you for your prompt attention to this request. I look forward to your response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]