

Insurance Endorsement Notification

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]

Dear [Insurance Company Contact/Department],

Subject: Notification of Beneficiary Change - Policy #[Insert Policy Number]

I am writing to formally notify you of a change in the beneficiary designation for my insurance policy referenced above. Please update the policy records to reflect the following changes:

Previous Beneficiary:

Name: [Insert Previous Beneficiary Name]

Relationship: [Insert Relationship]

New Beneficiary:

Name: [Insert New Beneficiary Name]

Relationship: [Insert Relationship]

Date of Birth: [Insert Date of Birth]

Contact Information: [Insert Contact Information]

Please confirm receipt of this notification and update my policy records accordingly. Should you require any further information or documentation, feel free to contact me at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]