

Pension Plan Enrollment Amendment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request an amendment to my enrollment in the pension plan offered by [Company Name]. I would like to make the following changes:

- Change in contribution percentage from [Current Percentage]% to [New Percentage]%
- Change of beneficiary to [New Beneficiary Name]
- Update personal information - [Specify Changes]

These changes are effective as of [Effective Date]. Please confirm the receipt of this request and let me know if any additional information is required.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]