

# Beneficiary Identification Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], holding policy number [Policy Number], hereby authorize the following individual(s) as my designated beneficiaries for any insurance claims arising from my policy:

**Beneficiary Name:** [Beneficiary's Full Name]

**Relationship:** [Relationship to Policyholder]

**Contact Information:** [Beneficiary's Phone Number & Email]

This authorization is valid as of [Start Date] until revoked by me in writing.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]