

Change of Beneficiary Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Request to Change Beneficiary Details

Dear [Insurance Company Representative's Name],

I am writing to request a change of beneficiary details for my insurance policy with the policy number [Insert Policy Number].

The current beneficiary details are as follows:

Name: [Current Beneficiary Name]

Relationship: [Current Beneficiary Relationship]

I would like to change the beneficiary to:

Name: [New Beneficiary Name]

Relationship: [New Beneficiary Relationship]

Address: [New Beneficiary Address]

Date of Birth: [New Beneficiary Date of Birth]

Please let me know if you require any further information or documentation to process this request.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]