

Beneficiary Change Request Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Life Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name or "To Whom It May Concern"],

I am writing to formally request a change of beneficiary for my life insurance policy, Policy Number: [Insert Policy Number]. Currently, the named beneficiary on this policy is [Insert Current Beneficiary Name].

I would like to change the beneficiary to [Insert New Beneficiary Name], whose details are as follows:

- Name: [Insert New Beneficiary Name]
- Relationship: [Insert Relationship to You]
- Date of Birth: [Insert Date of Birth]
- Social Security Number: [Insert SSN or other identification information]
- Address: [Insert New Beneficiary Address]

Please let me know if you require any further information or documentation to process this request. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]