

Beneficiary Designation Alteration Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Alteration of Beneficiary Designation

Dear [Insurance Company Representative's Name],

I am writing to formally request an alteration to the beneficiary designation on my life insurance policy, policy number [Insert Policy Number]. I wish to update the beneficiary information as outlined below:

Current Beneficiary:

Name: [Current Beneficiary Name]

Relationship: [Current Beneficiary Relationship]

New Beneficiary:

Name: [New Beneficiary Name]

Relationship: [New Beneficiary Relationship]

Please find attached any necessary forms and identification to assist in processing this request.

Thank you for your attention to this matter. Please confirm the receipt of this request and the updates made to my policy.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]