

Change of Beneficiary Request

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Policy Number]
[Your Contact Number]

To:
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally request a change of beneficiary for my accident insurance policy, policy number [Your Policy Number]. I would like to designate the following as my new beneficiary:

New Beneficiary Information:

Full Name: [New Beneficiary's Name]
Relationship: [Relationship to You]
Address: [New Beneficiary's Address]
Date of Birth: [New Beneficiary's Date of Birth]

Please find any additional required documents enclosed. I request that you process this change at your earliest convenience and confirm this change in writing.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]