

# Life Insurance Beneficiary Reassignment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Beneficiary Reassignment

Dear [Insurance Company Representative's Name],

I am writing to formally request a reassignment of the beneficiary for my life insurance policy, policy number [Insert Policy Number].

Current Beneficiary: [Current Beneficiary Name]

New Beneficiary: [New Beneficiary Name]

Relationship to New Beneficiary: [Relationship]

Please find enclosed any necessary documentation for this request, including [list any enclosed documents, if applicable].

Thank you for your prompt attention to this matter. Please confirm the acceptance of this reassignment in writing.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]