Life Insurance Beneficiary Update Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

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

I am writing to formally request an update to the beneficiary designation on my life insurance policy, with policy number [Insert Policy Number].

Currently, the designated beneficiary is [Current Beneficiary's Name]. I would like to change the beneficiary to [New Beneficiary's Name] for the following reason(s): [Brief Explanation if Desired].

Please find attached any necessary documentation required for this beneficiary change request.

Thank you for your prompt attention to this matter. If you have any questions or need further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]