

Life Insurance Policy Beneficiary Amendment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative/Recipient's Name],

I am writing to formally request an amendment to the beneficiary designation of my life insurance policy. Below are the details for your records:

Policy Number: [Insert Policy Number]

Current Beneficiary: [Insert Current Beneficiary's Name]

New Beneficiary: [Insert New Beneficiary's Name]

Relationship to New Beneficiary: [Insert Relationship]

Please process this amendment at your earliest convenience. Should you require any additional information or documentation, do not hesitate to contact me at the details provided above.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]