

# Insurance Transfer Request Letter

Date: [Insert Date]

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

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

Subject: Request for Beneficiary Transfer

Dear [Insurance Company Representative's Name],

I am writing to formally request a transfer of the beneficiary designation on my insurance policy (Policy Number: [Insert Policy Number]).

Currently, the beneficiary is designated as follows:

[Current Beneficiary Name]  
[Current Beneficiary Relationship]

I would like to change the beneficiary to:

[New Beneficiary Name]  
[New Beneficiary Relationship]  
[New Beneficiary Address]

Please find enclosed the necessary documents to facilitate this request. I appreciate your prompt attention to this matter and look forward to your confirmation of the transfer.

Thank you for your assistance.

Sincerely,

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