

Transfer Request for Name Change

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a transfer of the insurance policy under my name, [Current Name], to my new name, [New Name]. This change is due to [reason for name change, e.g., marriage, divorce, legal name change].

My policy details are as follows:

- Policy Number: [Your Policy Number]
- Type of Insurance: [Type of Insurance]

I have attached the necessary documentation to support my request, including [list of attached documents, e.g., marriage certificate, court order, etc.].

Thank you for your attention to this matter. Please let me know if you require any further information or documentation to process this change.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]