

Insurance Policy Transfer Request

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Beneficiary Change on Insurance Policy

Dear [Insurance Company Representative/Customer Service],

I am writing to formally request a transfer of the beneficiary designation on my insurance policy, with policy number [Insert Policy Number].

The current beneficiary is [Current Beneficiary Name], and I wish to change it to [New Beneficiary Name], who can be reached at [New Beneficiary Address or Contact Information].

Attached, you will find the necessary documents to process this request, including any identification or authorization forms required by your office.

Please confirm the receipt of this request and the successful update of the beneficiary information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Contact Information]