

Annuity Insurance Policy Beneficiary Change Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Policy Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Department],

I am writing to formally request a change to the beneficiary designation on my annuity insurance policy, policy number [Your Policy Number]. I would like to update the beneficiary as follows:

New Beneficiary Information:

Name: [New Beneficiary's Name]

Relationship to Policyholder: [Relationship]

Date of Birth: [New Beneficiary's Date of Birth]

Social Security Number: [New Beneficiary's SSN]

Address: [New Beneficiary's Address]

Please confirm the processing of this request and send me any necessary documentation reflecting this change.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Contact Information]