

Policy Beneficiary Amendment Notice

Date: [Insert Date]

To: [Insert Policyholder's Name]

[Insert Policyholder's Address]

Dear [Policyholder's Name],

We are writing to inform you that a request to amend the beneficiary designation on your policy has been processed. Below are the details of the amendment:

Policy Information

Policy Number: [Insert Policy Number]

Original Beneficiary: [Insert Original Beneficiary Name]

New Beneficiary: [Insert New Beneficiary Name]

Effective Date of Amendment: [Insert Effective Date]

This amendment supersedes any previous beneficiary designations you may have made for the policy listed above. If you have any questions or require further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Company Name]

[Your Company Address]

[Your Company Contact Information]