

Policy Beneficiary Designation Change

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Department],

I am writing to request a change in the beneficiary designation for my policy #[Insert Policy Number].

Current Beneficiary:

- Name: [Current Beneficiary Name]
- Relationship: [Current Beneficiary Relationship]
- Contact Information: [Current Beneficiary Contact Info]

New Beneficiary:

- Name: [New Beneficiary Name]
- Relationship: [New Beneficiary Relationship]
- Contact Information: [New Beneficiary Contact Info]

I understand that this change will take effect upon your approval and I have included any necessary forms to process this request.

Thank you for your attention to this matter. Please confirm the receipt of this request and provide me with an update on the status.

Sincerely,

[Your Signature (if sending hard copy)]

[Your Printed Name]