

Beneficiary Modification Request

Date: _____

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Request for Policy Beneficiary Modification

Dear [Insurance Company Representative's Name],

I, [Your Name], am writing to formally request a modification of the beneficiary designation for my insurance policy numbered [Policy Number].

Please update the beneficiary information as follows:

- **Current Beneficiary:** [Current Beneficiary Name]
- **New Beneficiary:** [New Beneficiary Name]
- **Relationship:** [Relationship to New Beneficiary]
- **Percentage of Benefits:** [Percentage]

I understand that this request may require processing time and I appreciate your attention to this matter. If you have any questions or require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance in updating my policy information.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]