

Beneficiary Reassignment Request

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

[Insurance Company Name]
[Claims Department]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Insurance Company Name],

I, [Your Name], policy number [Policy Number], request the reassignment of my policy beneficiary. I would like to designate the following individual as my new beneficiary:

New Beneficiary Information:

Name: [New Beneficiary Name]
Date of Birth: [New Beneficiary DOB]
Relationship: [Relationship to You]
Address: [New Beneficiary Address]

Furthermore, please remove the previously designated beneficiary, [Previous Beneficiary Name], from my policy.

I appreciate your assistance in processing this request. If you need any additional information or further documentation, please feel free to contact me at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]