

# Policy Beneficiary Transfer Confirmation

Date: [Date]

From: [Your Name]

[Your Address]

[City, State, Zip Code]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to confirm the transfer of the beneficiary designation for policy number [Policy Number]. The details of the transfer are as follows:

- Current Beneficiary: [Current Beneficiary Name]
- New Beneficiary: [New Beneficiary Name]
- Effective Date of Transfer: [Transfer Effective Date]

If you have any questions or require further information, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]