

Delegation of Beneficiary Rights to Policy Access

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], the undersigned, am the policyholder of the insurance policy numbered [Policy Number] with [Insurance Company Name]. I hereby delegate my rights as a beneficiary to [Beneficiary's Full Name] for the purpose of accessing information and making decisions regarding this policy.

This delegation is effective immediately and will remain in effect until further notice. I confirm that I grant [Beneficiary's Full Name] full authority to act on my behalf concerning the aforementioned policy.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]