Notice of Beneficiary Identification

Date: [Insert Date]

To: [Beneficiary's Name]

[Beneficiary's Address]

Dear [Beneficiary's Name],

We are reaching out to you in regards to your status as a beneficiary under [Specify Program/Trust/Policy]. In order to ensure that our records are accurate and up to date, we kindly request that you provide us with the following information:

- Full Name
- Date of Birth
- Social Security Number
- Contact Information
- Relationship to the Deceased/Benefactor

Please submit the requested information by [Insert Deadline] to ensure there are no delays in your benefits. You can send the information via email to [Insert Email Address] or mail it to the address listed above.

Should you have any questions or require further assistance, please do not hesitate to contact us at [Insert Contact Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company/Organization Name]

[Your Contact Information]