

Your Name
Your Address
City, State, ZIP Code
Email Address
Phone Number
Date

Insurance Company Name
Insurance Company Address
City, State, ZIP Code

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to inquire about the process for making changes to the beneficiary listed on my insurance policy.

My policy details are as follows:
Policy Number: [Your Policy Number]
Type of Insurance: [Type of Insurance]

I would like to understand the steps involved in updating the beneficiary information, as well as any documentation that may be required.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,
[Your Name]