

Letter to Alter Insurance Beneficiary Assignment

Date: _____

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request to Alter Insurance Beneficiary Assignment

Dear [Insurance Company Representative's Name],

I am writing to formally request an alteration to the beneficiary assignment for my insurance policy, numbered [Policy Number].

Currently, the beneficiaries listed on this policy are as follows:

- [Current Beneficiary Name 1]
- [Current Beneficiary Name 2]

I would like to change the beneficiaries to:

- [New Beneficiary Name 1, Relationship]
- [New Beneficiary Name 2, Relationship]

Please let me know if you require any additional information or documentation to process this request. I appreciate your attention to this matter and look forward to your confirmation.

Thank you for your assistance.

Sincerely,

[Your Name]