

Confirmation of Beneficiary Revision

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Subject: Confirmation of Beneficiary Revision

Dear [Recipient's Name],

This letter serves as confirmation of the revision made to the beneficiary designation on my insurance policy (Policy Number: [Insert Policy Number]).

The updated beneficiaries are as follows:

- [Beneficiary Name 1] - [Relationship] - [Percentage]%
- [Beneficiary Name 2] - [Relationship] - [Percentage]%
- [Beneficiary Name 3] - [Relationship] - [Percentage]%

Please update your records accordingly. If you have any questions or require further information, do not hesitate to contact me at the above phone number or email address.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]