

Beneficiary Designation Change Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request a change in the beneficiary designation for my insurance policy with your company. My policy details are as follows:

Policy Number: [Insert Policy Number]

Current Beneficiary Information:

Name: [Current Beneficiary's Name]

Relationship: [Current Beneficiary's Relationship]

New Beneficiary Information:

Name: [New Beneficiary's Name]

Relationship: [New Beneficiary's Relationship]

Please process this change at your earliest convenience. I understand that a confirmation will be sent to me after this change has been processed.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]