

Beneficiary Modification Request

Date: **[Insert Date]**

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Beneficiary Modification

Dear [Insurance Company Representative's Name or To Whom It May Concern],

I, **[Your Full Name]**, am writing to formally request a modification to the beneficiary designation on my insurance policy with [Insurance Company Name]. My policy number is **[Your Policy Number]**.

I would like to change the current beneficiary from **[Current Beneficiary Name]** to **[New Beneficiary Name]**, who can be reached at **[New Beneficiary Address/Contact Information]**.

Attached, you will find any required forms and identification to facilitate this request. Please confirm the changes and let me know if you need any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]