

Update of Insurance Beneficiary Information

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally update my beneficiary information for my insurance policy number [Insert Policy Number]. Please find the details of the new beneficiary as follows:

Current Beneficiary Information:

Name: [Insert Current Beneficiary Name]

Relationship: [Insert Relationship]

New Beneficiary Information:

Name: [Insert New Beneficiary Name]

Relationship: [Insert Relationship]

Date of Birth: [Insert DOB]

Address: [Insert Address]

Enclosed are the necessary documents to process this change. I request you to confirm the update at your earliest convenience. Should you require any further information, please feel free to contact me at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]