

Insurance Endorsement Update

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Policy Number: [Insert Policy Number]

Insurer Name: [Insert Insurer Name]

Dear [Insurer's Contact Name],

I am writing to request an update to the beneficiary designation on my insurance policy as outlined above. Please consider this letter as my formal request for an endorsement to reflect the changes as follows:

Current Beneficiary:

Name: [Current Beneficiary Name]

Relationship: [Current Beneficiary Relationship]

New Beneficiary:

Name: [New Beneficiary Name]

Relationship: [New Beneficiary Relationship]

Date of Birth: [New Beneficiary DOB]

Social Security Number: [New Beneficiary SSN]

Please let me know if you require any further information or documentation to process this request. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]