

Insurance Endorsement Submission for Beneficiary Changes

Date: [Insert Date]

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Submission of Insurance Endorsement for Beneficiary Changes

Dear [Recipient's Name],

I am writing to formally request a change in the beneficiary designation for my insurance policy (Policy Number: [Insert Policy Number]).

Below are the details regarding the current beneficiary and the requested changes:

Current Beneficiary:

- Name: [Current Beneficiary Name]
- Relationship: [Relationship]
- Address: [Current Beneficiary Address]

New Beneficiary:

- Name: [New Beneficiary Name]
- Relationship: [Relationship]
- Address: [New Beneficiary Address]

Attached to this letter, please find the required forms and identification documents to facilitate this request.

Thank you for your prompt attention to this matter. I look forward to receiving confirmation of this change.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]