

Submission of Insurance Documents for Beneficiary Updates

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 Contact/Department],

I am writing to submit the necessary documents for updating the beneficiaries on my insurance policy, [Policy Number]. Please find the required documents enclosed:

- Completed Beneficiary Update Form
- Copy of my identification
- Any additional required documents

Please confirm the receipt of these documents and advise if any further information is needed to process this request. Thank you for your attention to this matter.

Sincerely,

[Your Name]