

Beneficiary Designation Form

Date: _____

To: [Insurance Company Name]

Policy Number: _____

Dear [Insurance Company Representative],

I, [Your Full Name], hereby designate the following individual(s) as the beneficiary(ies) for my insurance policy mentioned above:

Beneficiary Information:

Name: [Beneficiary's Full Name]

Relationship: [Relationship to You]

[Beneficiary's Date of Birth]

[Percentage]%

Alternate Beneficiary Information (if applicable):

Name: [Alternate Beneficiary's Full Name]

Relationship: [Relationship to You]

Date of Birth: [Alternate Beneficiary's Date of Birth]

Percentage of Benefit: [Percentage]%

This designation supersedes any previous beneficiary designations I have made regarding this policy.

Thank you for your assistance in updating my records.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Contact Information]