

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request a modification of the face value of my insurance policy, [Policy Number], which I hold with your esteemed company.

Due to [briefly explain reason for modification, e.g., changes in financial situation, addition of dependents, etc.], I believe it is necessary to adjust the coverage to better reflect my current needs.

I would like to request that the face value of the policy be modified to [desired amount]. I believe this adjustment is prudent to ensure adequate security for my [family/beneficiaries/etc.].

I appreciate your prompt attention to this matter and look forward to your response. Please feel free to contact me at [your phone number] or [your email address] should you require any further information.

Thank you for your consideration.

Sincerely,

[Your Name]