

# Beneficiary Designation Letter

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 Representative/Claim Department],

I am writing to formally designate the beneficiary for my insurance policy as required by your company. Please find the details of my policy and the designated beneficiary below:

## Policy Information

Policy Number: [Your Policy Number]  
Policy Type: [Type of Insurance (e.g., Life, Health)]

## Beneficiary Details

Beneficiary Name: [Beneficiary Full Name]  
Relationship: [Relationship to You]  
Date of Birth: [Beneficiary Date of Birth]  
Address: [Beneficiary Address]  
Social Security Number: [Beneficiary SSN (if required)]

Please update your records accordingly. If you require any further information or documentation, feel free to contact me at the number or email provided above.

Thank you for your attention to this matter.

Sincerely,  
[Your Signature (if sending a hard copy)]  
[Your Printed Name]