

Insurance Broker Authorization Letter

Date: [Insert Date]

[Broker's Name]

[Broker's Company Name]

[Broker's Address]

[City, State, Zip Code]

To Whom It May Concern,

I, [Your Name], hereby authorize [Broker's Name] of [Broker's Company Name] to act on my behalf regarding all matters related to my insurance policies, including but not limited to beneficiary designations.

This authorization includes the right to make changes, updates, and any necessary communications with my insurance company.

Policy Number(s): [List Policy Numbers]

This authorization is effective immediately and will remain in effect until I provide written notice of its termination.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]