

Beneficiary Designation Update

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Business/Organization's Name]

[Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request an update to my beneficiary designation for my account/policy number [Account/Policy Number].

Please update my beneficiary information as follows:

Primary Beneficiary:

Name: [New Primary Beneficiary's Name]

Relationship: [Relationship to You]

Social Security Number: [SSN]

Address: [Beneficiary's Address]

Contingent Beneficiary:

Name: [New Contingent Beneficiary's Name]

Relationship: [Relationship to You]

Social Security Number: [SSN]

Address: [Beneficiary's Address]

Thank you for your assistance in updating my beneficiary designation. Please confirm the receipt of this request and let me know if any further information is required.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]