

Date: [Insert Date]

To: [Insurance Company Name]
Policy Department
[Company Address]
[City, State, Zip Code]

Subject: Request for Modification of Beneficiaries - Policy Number: [Insert Policy Number]

Dear Customer Service Department,

I am writing to formally request a modification to the beneficiaries listed under my Family Protection Policy, number [Insert Policy Number].

Please remove the following individual(s) as beneficiaries:

- [Name of Former Beneficiary]

Please add or update the following individual(s) as my primary beneficiaries:

Primary Beneficiary 1:

Full Name: [Name]
Relationship: [Relationship]
Date of Birth: [DOB]
Social Security Number: [SSN]
Benefit Percentage: [Percentage]%

Primary Beneficiary 2:

Full Name: [Name]
Relationship: [Relationship]
Date of Birth: [DOB]
Social Security Number: [SSN]
Benefit Percentage: [Percentage]%

I also wish to designate the following as Contingent Beneficiary:

Full Name: [Name]
Relationship: [Relationship]
Benefit Percentage: 100%

Please update your records immediately and send a written confirmation or an updated policy endorsement to my address on file.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]