

[Your Name/Company Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

[Policyholder Name]  
[Address]  
[City, State, Zip Code]

**Subject: Confirmation of Life Insurance Beneficiary Designation**

Dear [Policyholder Name],

This letter is to confirm that we have received and processed your request regarding the beneficiary designations for your life insurance policy.

**Policy Details:**

Policy Number: [Policy Number]  
Plan Type: [Type of Insurance]

Our records now reflect the following individuals/entities as your designated beneficiaries:

**Primary Beneficiary(ies):**

- [Name], [Relationship], [Percentage]%
- [Name], [Relationship], [Percentage]%

**Contingent Beneficiary(ies):**

- [Name], [Relationship], [Percentage]%

Please review this information carefully to ensure it accurately reflects your wishes. If any changes are needed, or if you have questions regarding these designations, please contact our customer service department at [Phone Number].

We recommend keeping a copy of this confirmation with your important legal documents.

Sincerely,

[Authorized Signature]  
[Printed Name]  
[Title/Department]