

[Your Full Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email Address]

[Date]

[Name of Agency/Organization]  
[Department Name, if applicable]  
[Agency Address]  
[City, State, Zip Code]

**RE: Update of Beneficiary Records - Account/Policy Number: [Your Number]**

To Whom It May Concern,

I am writing to formally request an update to the beneficiary designations on my account/policy referenced above. Please remove all previous designations and replace them with the following primary and contingent beneficiaries:

**Primary Beneficiary:**

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

**Contingent Beneficiary:**

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

I have enclosed copies of the required identification and the completed official agency forms as requested. Please update your records immediately and send a written confirmation to my address once these changes have been processed.

Thank you for your prompt attention to this matter. Should you require any further information, please contact me at [Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]