

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

[Date]

[Insurance Company or Financial Institution Name]
[Policy/Account Department]
[Address]
[City, State, Zip Code]

RE: Request for Beneficiary Change

Account/Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request a change of beneficiary for the above-referenced policy/account. Please update your records to reflect the following beneficiaries:

Primary Beneficiary:

Full Name: [Name]
Relationship: [Relationship]
SSN (if required): [SSN]
Date of Birth: [DOB]
Address: [Address]
Percentage: [Percentage]%

Contingent Beneficiary:

Full Name: [Name]
Relationship: [Relationship]
SSN (if required): [SSN]
Date of Birth: [DOB]
Address: [Address]
Percentage: [Percentage]%

Please send a written confirmation once this update has been processed. If there are additional forms required to finalize this change, please mail them to my address or provide a link for electronic signature.

Thank you for your assistance in ensuring my peace of mind regarding this matter.

Sincerely,

[Your Signature]

[Your Printed Name]