

[Date]

[Beneficiary Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Confirmation of Beneficiary Information Adjustment

Dear [Beneficiary Name],

This letter is to formally acknowledge that we have received and processed your request to adjust the beneficiary information associated with [Account Number/Policy Number].

The following updates have been successfully recorded in our system:

- **Adjustment Type:** [e.g., Change of Name / Address Update / Percentage Allocation]
- **Effective Date:** [Date]

Please review your records to ensure that these changes are reflected accurately. If any of the information above is incorrect, or if you did not authorize this change, please contact our office immediately at [Phone Number] or [Email Address].

Thank you for keeping your account information up to date.

Sincerely,

[Sender Name]

[Title]

[Company Name]