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

[Date]

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

Subject: Confirmation of Beneficiary Change - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter is to confirm that we have received and processed your request to update the beneficiary designations for your life insurance policy, number [Policy Number].

The updated beneficiary information on our records is as follows:

Primary Beneficiary(ies):
[Name], [Relationship], [Percentage/Share]
[Name], [Relationship], [Percentage/Share]

Contingent Beneficiary(ies):
[Name], [Relationship], [Percentage/Share]
[Name], [Relationship], [Percentage/Share]

Please review the details above carefully. If any of the information is incorrect or if you have any questions regarding these changes, please contact our customer service department at [Phone Number] or via email at [Email Address].

We recommend that you keep a copy of this confirmation with your policy documents for your permanent records.

Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

[Name of Representative/Department]
[Company Name]