[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Confirmation of Primary Beneficiary Modification

Dear [Policyholder Name],

This letter is to formally notify you that we have processed and approved your request to modify the primary beneficiary designation for your policy, number **[Policy Number]**.

Our records have been updated to reflect the following primary beneficiary information:

Primary Beneficiary Name: [New Beneficiary Name]
Relationship to Policyholder: [Relationship]
Benefit Percentage: [Percentage]%
Effective Date: [Date of Approval]

Please review this information carefully to ensure it accurately reflects your intentions. This change supersedes any prior primary beneficiary designations on file for this specific policy.

We recommend that you keep a copy of this approval letter with your permanent insurance documents. If you have any questions or if any of the information above is incorrect, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name/Department Name]
[Company Name]