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

[Date]

[Insurance Company Name]
[Beneficiary Department Address]
[City, State, Zip Code]

RE: Update of Beneficiary Designation
Policy Type: [e.g., Life Insurance / Accidental Death]
Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request a change to the beneficiary designations for the above-referenced insurance policy. Please update my records to reflect the following beneficiaries:

Primary Beneficiary:
Name: [Full Name]
Relationship: [Relationship to you]
Social Security Number: [SSN]
Date of Birth: [DOB]
Address: [Full Address]
Benefit Percentage: [Percentage, e.g., 100%]

Contingent Beneficiary:
Name: [Full Name]
Relationship: [Relationship to you]
Social Security Number: [SSN]
Date of Birth: [DOB]
Address: [Full Address]
Benefit Percentage: [Percentage, e.g., 100%]

This request supersedes any and all previous beneficiary designations made for this policy. Please process this change immediately and provide written confirmation once the update is complete.

If there are specific forms required by your company to finalize this update, please send them to my address listed above or via email at [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]