[Company/Institution Name]
[Department Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Date]

[Policy/Account Holder Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Acceptance of Beneficiary Alteration - [Policy/Account Number]

Dear [Policy/Account Holder Name],

This letter is to formally confirm that we have received and processed your request to alter the beneficiary designations for the above-referenced account/policy.

We wish to inform you that your request has been accepted and our official records have been updated accordingly. The new beneficiary details are as follows:

Primary Beneficiary: [Full Name of New Beneficiary]
Relationship: [Relationship to Holder]
Percentage: [Percentage Amount]

Contingent Beneficiary (if applicable): [Full Name of Contingent Beneficiary]
Relationship: [Relationship to Holder]
Percentage: [Percentage Amount]

The changes became effective as of [Date of Processing]. We recommend that you keep a copy of this letter with your vital records and policy documents.

If you have any questions regarding this update or if any of the information listed above is incorrect, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Signature]
[Name of Officer]
[Title/Position]
[Company Name]