[Date]

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

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

Dear [Policyholder Name],

This letter is to formally confirm that we have processed your request to update the beneficiary designations for the insurance policy referenced above.

The changes became effective as of [Effective Date]. Our records now reflect the following primary beneficiary information:

- **Name:** [Beneficiary Name 1] - [Percentage]%
- **Name:** [Beneficiary Name 2] - [Percentage]%

Please review this information carefully to ensure it accurately reflects your intentions. We recommend that you keep a copy of this confirmation with your permanent insurance documents.

If you have any questions or notice any errors in the names or percentages listed, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]