[Date]

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

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

Dear [Policyholder Name],

This letter is to confirm that we have successfully processed your request to adjust the beneficiaries on your policy, effective [Effective Date].

The updated beneficiary designations on file are as follows:

Primary Beneficiaries:

- [Name], [Relationship], [Percentage]%
- [Name], [Relationship], [Percentage]%

Contingent Beneficiaries:

- [Name], [Relationship], [Percentage]%

Please review the information above for accuracy. If any changes are needed or if you have questions regarding these updates, please contact our Customer Service Department at [Phone Number] or [Email Address].

We recommend keeping a copy of this confirmation with your policy documents for your permanent records.

Thank you for choosing [Company Name].

Sincerely,

[Name/Department]
[Company Name]