[Date]

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

**Subject: Verification of Beneficiary Designation Change**

Dear [Policy Owner Name],

We have received a request to change or replace the beneficiary designation for your annuity contract, number **[Contract/Policy Number]**.

To ensure the security of your account and to protect your interests, we require verification that this change was authorized by you. Please review the updated beneficiary information below:

**New Beneficiary Designation:**

- Primary Beneficiary: [Name], [Relationship], [SSN/Tax ID], [Share %]
- Contingent Beneficiary: [Name], [Relationship], [SSN/Tax ID], [Share %]

If this change is correct, no further action is required. This update will be officially recorded in our systems effective [Date].

**If you did not authorize this change,** please contact our Customer Service Department immediately at [Phone Number] or via email at [Email Address] to prevent any unauthorized modifications to your contract.

Thank you for choosing [Insurance Company Name].

Sincerely,

[Authorized Signature]
[Printed Name]
[Department Name]
[Insurance Company Name]