

[Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Policyholder Name]  
[Policyholder Address]  
[City, State, Zip Code]

**Subject: Confirmation of Beneficiary Designation Change**

Dear [Policyholder Name],

This letter is to confirm that we have received and processed your request to update the beneficiary designation for your life insurance policy.

**Policy Details:**

- Policy Number: [Policy Number]
- Effective Date of Change: [Date]

**Updated Beneficiary Information:**

As per your request, the following individuals/entities are now recorded as the beneficiaries of your policy:

**Primary Beneficiary(ies):**

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

**Contingent Beneficiary(ies):**

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

Please review the information above carefully. If any details are incorrect or if you wish to make further changes, please contact our customer service department at [Phone Number] or visit our online portal.

We recommend that you keep a copy of this confirmation with your important policy documents. Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

[Name/Signature]

[Title]

[Company Name]