

[Company Name]
[Department Name]
[Street Address]
[City, State, Zip Code]

[Date]

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

Subject: Acknowledgment of Contingent Beneficiary Designation Change

Dear [Policyholder Name],

This letter is to confirm that we have received and processed your request to update the contingent beneficiary designations for your account/policy number: **[Policy/Account Number]**.

Our records have been updated to reflect the following contingent beneficiary information:

- **Contingent Beneficiary 1:** [Name] - [Relationship] - [Percentage Share]%
- **Contingent Beneficiary 2:** [Name] - [Relationship] - [Percentage Share]%

Please note that contingent beneficiaries receive benefits only if all primary beneficiaries are deceased at the time the benefit becomes payable.

We recommend that you keep a copy of this acknowledgment with your important legal documents. It is also advisable to review your beneficiary designations periodically or following major life events such as marriage, divorce, or the birth of a child.

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

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title]
[Company Name]