

[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 notify you that we have processed your request to modify the beneficiary designations for the insurance policy referenced above.

Our records have been updated to reflect the following beneficiaries:

Primary Beneficiary(ies):

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

Contingent Beneficiary(ies):

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

This change is effective as of [Effective Date]. Please keep a copy of this letter with your original policy documents for your records.

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

Thank you for choosing [Company Name].

Sincerely,

[Agent Name/Department Name]
[Company Name]