

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

Subject: Confirmation of Beneficiary Designation Change

Annuity Contract Number: [Contract Number]

Dear [Policyholder Name],

This letter is to confirm that we have received and processed your request to update the beneficiary designations for the annuity contract listed above.

As of [Effective Date], our records have been updated to reflect the following beneficiaries:

Primary Beneficiaries:

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

Contingent Beneficiaries:

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

Please review this information carefully to ensure it accurately reflects your wishes. We recommend keeping a copy of this confirmation with your permanent legal and financial documents.

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

Thank you for choosing [Company Name].

Sincerely,

[Name/Signature]

[Title]

[Company Name]